08166

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08155

31

Reg. Dist. No. XX

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hernwood
LENGTH OF STAY (in this place): 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Powells Run Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hernwood
STREET ADDRESS (If rural, give location): Powells Run Road

3. NAME OF DECEASED (Type or Print): (First) MARY GWATHMEY (Middle) ALEXANDER (Last)

4. DATE OF DEATH: (Month) Sept. (Day) 11 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: Sept. 25 1872

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Portsmith, Ark.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas G. Thurston

14. MOTHER'S MAIDEN NAME: Ella Frances Roan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Samuel Brubacker Hernwood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 443 X Arteriosclerotic Cardio Vascular Disease — 10 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 15 yrs

(c) Hypertension - Essential

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Edmunds Disease - Right arm Thrombo-angitis Obliterans - Left — 6 mos.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 19 54 to Sept 11, 19 54, that I last saw the deceased alive on Sept 11, 19 54 and that death occurred at 11.30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Albert J Shochet M.D. — ADDRESS: 4111 Liberty Heights Ave — DATE SIGNED: 9/13/54

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF: Sept, 15 1954 | NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery | LOCATION (City, town, or county) (State): Woodlawn, Balto Co Md

DATE REC'D BY LOCAL REG.: 9-13-54 | REGISTRAR'S SIGNATURE: [illegible] | 27. FUNERAL DIRECTOR: Willis Funeral Home | ADDRESS: 4510 Liberty Heights

08167

MARYLAND STATE DEPARTMENT OF HEALTH

08156

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills | LENGTH OF STAY (in this place) 32 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kingsley Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural give location) Kingsley Road

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) May (Last) Allen
4. DATE OF DEATH: (Month) Sept (Day) 18 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Sept - 1870 | 9. AGE last birthday: 84 yrs. | If under 1 year: Months Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dave Hall ?
14. MOTHER'S MAIDEN NAME: Fannie May Hall ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Ida Marquess daughter Kingsley Rd, Owings Mills, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic C.V.D. — 3 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Sept, 1949, to Sept, 1954, that I last saw the deceased alive on 16 Sept, 1954, and that death occurred at 2:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Charles V. Williams, M.D. — Pikesville 8, md. — 18 Sept 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9-21-54 | NAME OF CEMETERY OR CREMATORY: Wards Chapel | LOCATION (City, town, or county) (State): Liberty Rd. - Balto. Md

DATE REC'D BY LOCAL REG. 9-20-54 | REGISTRAR'S SIGNATURE: Mary B. Etline | 24. FUNERAL DIRECTOR — ADDRESS: Luther H. Knight - Sykesville, Md.

RECEIVED
SEP 21 1954
BUREAU V. S.

08168

08157

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point 19
LENGTH OF STAY (in this place): 15 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 721 I Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point-19
STREET ADDRESS (If rural, give location): 721 I Street

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) Fauntleroy (Last) Alston

4. DATE OF DEATH: (Month) September (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: July 8 1939

9. AGE last birthday: 15 yrs. — If under 1 year: Months 2, Days 9; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: William Alston

14. MOTHER'S MAIDEN NAME: Eunice E Tja Hoyles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Eunice Alston, 721 I St. Sparrows Pt. 19

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Respiratory Failure	8 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonia	12 days
	(c) Leukemia	8½ Months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: February 1, 1954

19b. MAJOR FINDINGS OF OPERATION: Leukemia

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1954, to September 17, 1954, that I last saw the deceased alive on September 17, 1954, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

SIGNATURE: William C. Hale M.D. (Degree or title) ADDRESS: 140 Oak Avenue, Dundalk 22 Md DATE SIGNED: Sept 17 1954

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/20/54	Mt. Calvary	D. A. County, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-17-54	[signature]	Joseph S. Lorks, Jr.	1304 N. Eden St.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08169 **CERTIFICATE OF DEATH** 08158

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Emp 54
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 Harrison Ave Baltimore-20, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore BW 2-4
STREET ADDRESS (If rural give location) 613 N Kenwood Ave

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) Wilhelm (Last) Amendt Sr.

4. DATE OF DEATH: (Month) Sept. (Day) 14 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: Feb. 15, 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired salesman

10B. KIND OF BUSINESS OR INDUSTRY: E. Leonard & Son

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Wilhelm Amendt Sr.

14. MOTHER'S MAIDEN NAME: Mary Leonhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-03-3537

17. INFORMANT & ADDRESS: Mrs. Evelyn Hurley, dght, above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

161X

IMMEDIATE CAUSE (A) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Carcinoma Larynx — 3 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 17, 1953 to Sept 14, 1954 that I last saw the deceased alive on Sept 14, 1954, and that death occurred at 3P M, from the causes and on the date stated above.

SIGNATURE A L Colodny M.D. ADDRESS 456 Elsewhere Apt Balt 21 Md DATE SIGNED 9/14/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Sept. 17, 1954 — NAME OF CEMETERY OR CREMATORY Baltimore Cemetery — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 9-17-54 — REGISTRAR'S SIGNATURE Dan Kedrick

24. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

08170 **MARYLAND STATE DEPARTMENT OF HEALTH** 08159

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria Glenarm Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
STREET ADDRESS (If rural, give location) Glenarm Rd

3. NAME OF DECEASED (Type or Print) (First) Sister (Middle) Mary Hyacintha (Last) Arthen

4. DATE OF DEATH (Month) Sept (Day) 8 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Jan 28 1872

9. AGE last birthday 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher

10b. KIND OF BUSINESS OR INDUSTRY RELIGIOUS

11. BIRTHPLACE (State or foreign country) N. Y. City

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Arthen

14. MOTHER'S MAIDEN NAME Theresa Bauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Sr. Mary Clara Notch Cliff

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Vascular accident — Interval Between Onset and Death: 24 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 21, 1954, to Sept 8, 1954, that I last saw the deceased alive on Sept 8, 1954, and that death occurred at 8:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William A. Pillsbury M.D. Timonium Sept. 9, 1954

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF 9-10-54

NAME OF CEMETERY OR CREMATORY VILLA MARIA CEM.

LOCATION (City, town, or county) (State) NOTCH CLIFF NR TOWSON.

DATE REC'D BY LOCAL REG Sept 10, 1954

REGISTRAR'S SIGNATURE A. W. Hedrick

27. FUNERAL DIRECTOR Charles L. Zeiler

ADDRESS 901 S. CONKLING ST. BALTO., 24, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08160

08171 **CERTIFICATE OF DEATH** Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Balto.
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Harewood Pk.
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 296 Gunder Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Harewood Park
STREET ADDRESS (If rural give location) 296 Gunder Rd Zone 20 Balto

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) Lee (Last) Barnes

4. DATE OF DEATH: (Month) Sept (Day) 17 (Year) 1954

5. SEX: M. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower 8. DATE OF BIRTH: 11/2/75 9. AGE Last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Foreman 10b. KIND OF BUSINESS OR INDUSTRY: Candied Yam Mfg. 11. BIRTHPLACE (State or foreign country): Md. 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Barnes 14. MOTHER'S MAIDEN NAME: Sarah Dunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 215-09-6257 17. INFORMANT & ADDRESS: Ethel M Robbe (same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 6 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Hypertensive Heart Disease — 1½ years
(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Mouth — 3 months

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9 ..., 1953, to 9/17, 1954, that I last saw the deceased alive on 7/30, 1954, and that death occurred at 6.40 P.M., from the causes and on the date stated above.

SIGNATURE Joseph Krank (Degree or title) M D ADDRESS 423 Eastern Ave Emg 21 Md DATE SIGNED 9/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) Buried DATE THEREOF 9/20/54 NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery LOCATION (City, town, or county) Balto Co (State) Md

DATE RECD BY LOCAL REGISTRAR SEP 20 AM 10 REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR J J Brydzinski ADDRESS 1407 Eastern Ave.

08158

MARYLAND STATE DEPARTMENT OF HEALTH

08162

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore 3rd — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1204 62nd ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROSEDALE
STREET ADDRESS (If rural, give location) 1204 62nd ST.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) — (Last) BAUER SR.
4. DATE OF DEATH: (Month) SEPT. (Day) 12 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: SEPT 7-1870
9. AGE last birthday: 84 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Ammunition Dept.
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Bauer
14. MOTHER'S MAIDEN NAME: Madelaine Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-22-8040
17. INFORMANT AND ADDRESS: Mrs. Madeline Bauer SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Failure — Interval Between Onset and Death: 6days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the Colon — 6months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1940 to Sept 12 1954 that I last saw the deceased alive on Sept 7, 1954, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Israel Rosen M.D. — 2413 E Monument St. Balto. Md — 9/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept 15-54 — NAME OF CEMETERY OR CREMATORY Cahlown Cemetery — LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 9-14-54 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR: Henry Hander & Son. Inc. — ADDRESS Baltimore Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08163

08172

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct ■■ is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P. Geo. Co.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brandywine
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) Clinton (Last) Bayne Sr.

4. DATE OF DEATH: (Month) Sept (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower

8. DATE OF BIRTH: Nov. 11, 1866

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 Hrs.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Bayne

14. MOTHER'S MAIDEN NAME: Limerick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, nr unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 4-20-0

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Minutes

DUE TO

(B) Generalized arteriosclerosis — Years

DUE TO

(C) Arteriosclerotic heart disease — Years.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 9, 1954, to Sept. 17, 1954, that I last saw the deceased alive on Sept. 17, 1954, and that death occurred at 9:10 P M, from the causes and on the date stated above.

SIGNATURE John P. Risley MD — ADDRESS Spring Grove State Hospital — DATE SIGNED Sept. 11, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal

DATE THEREOF: 9/18/54

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR: 9/18/54

REGISTRAR'S SIGNATURE: V. E. Barry

24. FUNERAL DIRECTOR: J. W. Lee Funeral Co.

ADDRESS: 300 4½ St. N.E.

VS. A15—10-

RECEIVED
SEP 21 1954
BUREAU

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08173 08164

Item 14, FilmG170A 9-30-54 cc

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; MARYLAND LENGTH OF STAY (In this place) 1 month 9 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 29; STREET ADDRESS (If rural give location) 4402 Highview Ave

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) W. (Last) Beck

4. DATE OF DEATH: (Month) Sept (Day) 18 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: June 17, 1868

9. AGE last birthday: 86 yrs.

IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HRS.: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plasterer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Beck

14. MOTHER'S MAIDEN NAME: Mary (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSE (B) DUE TO (B) Generalized arteriosclerosis — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Arteriosclerotic cardiovascular disease — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 9, 1954 to Sept 18, 1954, that I last saw the deceased alive on Sept 17, 1954, and that death occurred at 12.35 P M, from the causes and on the date stated above.

SIGNATURE John R. Risley MD — ADDRESS Spring Grove State Hospital — DATE SIGNED Sept 18, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 9-21-54 — NAME OF CEMETERY OR CREMATORY: Meadow Ridge Memorial — LOCATION (City, Town, or County) (State): Howard Co., Md.

DATE REC'D BY LOCAL REGISTRAR: 9/21/54 — REGISTRAR'S SIGNATURE: V.E. Harry — Howard H. Hubbard, 4107 Wilkens Ave. ADDRESS

SEP 22
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08174

CERTIFICATE OF DEATH

08165

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Tie correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halethorpe
STREET ADDRESS (If rural give location): Third Avenue

3. NAME OF DECEASED: (First) HENRY (Middle) J. (Last) BERGMAN

4. DATE OF DEATH: (Month) September (Day) 18, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 2/17/77

9. AGE last birthday: 77 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rega, Latvia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Bergman

14. MOTHER'S MAIDEN NAME: Elizabeth NM: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Clin. Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) STENOSIS OF AORTIC VALVE	UNKNOWN
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) CALCIFIC DISEASE OF AORTIC VALVE	UNKNOWN
DUE TO		
	(C) MODERATE HYPERTENSION	UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept.11, 1954 to Sept.18, 1954, [redacted], and that death occurred at 11:30 M, from the causes and on the date stated above.

SIGNATURE: William B. VanDegrift, M. D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 9/19/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Sept 22 54
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 9-21-54
REGISTRAR'S SIGNATURE: A W Hudnut

24. FUNERAL DIRECTOR: Kenny Funeral Home
ADDRESS: 5646 Carville Ave.,Halethorpe,Md.

0317 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08166

CERTIFICATE OF DEATH

Reg. Dist. No. 32

Item 9, Film G171 10-15-54 et

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 29 Walker Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville,
STREET ADDRESS (If rural give location) 29 Walker Ave.

3. NAME OF DECEASED: (Type or Print) (First) Lizzie (Middle) Davis K. (Last) Berryman

4. DATE OF DEATH: (Month) 9 (Day) 22 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Sept. 9-1868

9. AGE last birthday 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Peter Keller

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Walter L. Berryman - Pikesville, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary Sclerosis — 5 yrs.

DUE TO (C) Art. Sclerosis — 5 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Uterine Fibroids — 5 yrs.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to Sept 22, 1954 that I last saw the deceased alive on Sept. 22nd, 1954, and that death occurred at 11 P. M, from the causes and on the date stated above.

SIGNATURE James A. Miller M. D. ADDRESS Pikesville-8, md DATE SIGNED 9/24/54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 9/25/54 — NAME OF CEMETERY OR CREMATORY Stone Chapel — LOCATION (City, town, or county) Pikesville, Md (State)

DATE REC'D BY LOCAL REGISTRAR 9-27-54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Frank H. Hurll — ADDRESS Pikesville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03176

CERTIFICATE OF DEATH

08167

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks
LENGTH OF STAY (in this place) 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks
STREET ADDRESS (If rural give location) York Rd.

3. NAME OF DECEASED: (Type or Print) (First) Lottie (Middle) Day (Last) Billingsley

4. DATE OF DEATH: (Month) Sept. (Day) 18 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: April 26, 1871

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life; even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred Curry

14. MOTHER'S MAIDEN NAME: Mary ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Philip David, Sparks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4420

Immediate cause (a) Cardio-Vascular-renal disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1940, to Sept. 18, 1954, that I last saw the deceased alive on 9/17/54, 19 .... , and that death occurred at 7 30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. M. France M.D. Parkton, Md 9/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9-20-54

NAME OF CEMETERY OR CREMATORY Monkton Methodist

LOCATION (City, town, or county) (State) Monkton, Md.

DATE REC'D BY LOCAL REGISTRAR 20 Sept 54

REGISTRAR'S SIGNATURE Anne Armistead MacRae

24. FUNERAL DIRECTOR F. Scott Brooks

ADDRESS Sparks, Md.

SEP
BUREAU N. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08168

08177 CERTIFICATE OF DEATH Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard,
LENGTH OF STAY (In this place) 68 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 312 Berlin Avenue

3. NAME OF DECEASED: (First) EDWARD (Middle) (NMI) (Last) BIRD Also: BYRD
4. DATE OF DEATH: (Month) (Day) (Year) September 21, 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8/10/94
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Copper Company
11. BIRTHPLACE (State or foreign country): Winnsboro, S.Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward Bird
14. MOTHER'S MAIDEN NAME: Mary Jane MN: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 216-10-9888
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

(IMMEDIATE CAUSE) (A) CEREBRAL HEMORRHAGE, RIGHT — INTERVAL BETWEEN ONSET AND DEATH: 2 MONTHS

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO HYPERTENSION WITH CARDIAC DECOMPENSATION — UNKNOWN

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER).
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1954 to Sept. 21, 1954 and that death occurred at 2:00 P.M., from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D.
ADDRESS M.D. VAH, FORT HOWARD, MARYLAND
DATE SIGNED 9-22-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 28
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 9-28-54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR AND ADDRESS Isaiah L. Brown & Son, 108 W. Montgomery St. Baltimore, Maryland

U.S. A15—10-53

03178

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08170

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Balto
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Daughters Kingsbury Maryfield Home Parader

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto
STREET ADDRESS (If rural, give location): South Chester st

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) V (Last) Bradley

4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: about 1869

9. AGE last birthday: 84 yrs.
If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Old Bay Line

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Bradley

14. MOTHER'S MAIDEN NAME: Harriet Hutchins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): no

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Rev Jos P Bradley 1501 Oliver st

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Embolism — Interval between onset and death: 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease — Interval between onset and death: years

(c) Senility — Interval between onset and death: yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1 54, 19..., to Sept 21, 19 54, that I last saw the deceased alive on Sept 20, 19 54, and that death occurred at 9 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jos W. Kieffer MD — ADDRESS: 1970 Washington Blvd Balto Md — DATE SIGNED: 9-23-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 9-23-54 — NAME OF CEMETERY OR CREMATORY: New Cathedral — LOCATION (City, town, or county) (State): Edmondson Ave Balto Md

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: George D Gaither Inc — ADDRESS: 4225 Hanford Ave

MARYLAND 08179

08172

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS PARADISE NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural, give location) PARADISE AVE. & ALTAMONT AVE.

3. NAME OF DECEASED (Type or Print) (First) HARRIETT (Middle) S. (Last) BROWNE

4. DATE OF DEATH (Month) 9- (Day) 28 (Year) 1954

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH ?

9. AGE last birthday 79 yrs. If under 1 year Months. Days. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REG. NURSE-RET.

10b. KIND OF BUSINESS OR INDUSTRY NURSING

11. BIRTHPLACE (State or foreign country) MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME WM. C. SEEMULLER

14. MOTHER'S MAIDEN NAME MARY HOWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS (Paradise Nursing Home Records)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardi[illegible]

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] (c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 1954, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 10-1-54

NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 9/30/54

REGISTRAR'S SIGNATURE V.E. Harvey

24. FUNERAL DIRECTOR George A Farley. Catonsville Md. ADDRESS

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08173

05130

CERTIFICATE OF DEATH

Reg. Dist. No. 3d

Item 9, Filmed 17-A 10-5-54 et

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 17 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1423 Hanover St

3. NAME OF DECEASED: (Type or Print) (First) Elisha (Middle) William (Last) Carback

4. DATE OF DEATH: (Month) Sept (Day) 26 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: 11-24-1865

9. AGE last birthday 1871 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Collector

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A. Maryland

13. FATHER'S NAME: Wm. Carback

14. MOTHER'S MAIDEN NAME: Mary A. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No. 212-16-5440

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic Ht. Disease — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile Psychosis — 2 yrs

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 19, 1953 to Sept 26, 1954, that I last saw the deceased alive on Sept 26, 1954, and that death occurred at 12 50 P M, from the causes and on the date stated above.

SIGNATURE Frederick L. Phillips M.D. ADDRESS Spring Grove Hosp. DATE SIGNED 9/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Sept 29, 1954 — NAME OF CEMETERY OR CREMATORY Parkwood — LOCATION (City, town, or county) (State) Balto.

DATE REC'D BY LOCAL REGISTRAR 9-28-54 — REGISTRAR'S SIGNATURE C. W. Hedrick — 24. FUNERAL DIRECTOR Fred. A. Poole — ADDRESS 1913 W. Baltimore St

VS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10

MARYLAND STATE DEPARTMENT OF HEALTH

08174

2411 N. Charles Street, Baltimore

08181

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9321 Old Harford Rd.	STREET ADDRESS (If rural, give location) 9321 Old Harford Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lee	F.	Carroll	Sept	4	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	MARRIED	July 24, 1876	78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Carroll	Rebecca Holloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mary Carroll 9321 Old Harford Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic CVD

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. [illegible], 19 54 to Sept. 4, 1954, that I last saw the deceased alive on Sept. 3, 1954, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Harold A. Hatch, MD	8203 Harford Rd	9/6/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 8, 1954	Moreland Memorial	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-7-54	A. M. Bacon	Chas F. Evans & Son	8302 Harford Rd.

RECEIVED
SEP 9 1954
BUREAUS V. S.

MARYLAND 08182

08175
STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

Item 9, FilmG171 10-15-54 et

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 HOLMEHURST AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural, give location) 10 HOLMEHURST AVE.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EMMA	CECILIA	CARSON	9 -	26	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	W	WIDOW	FEB. 14, 1870	84 ~~83~~ yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE	NONE	MD.	U.S.A.

13. FATHER'S NAME: JOSEPH FAGER
14. MOTHER'S MAIDEN NAME: MARGARET TATUM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: MRS. - 10 HOLMEHURST AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-vascular Collapse — 2 Hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized sclerosis ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/5, 19 54, to 9/19, 19 54, that I last saw the deceased alive on 9/15, 19 54 and that death occurred at 2:15 A m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel P. Alayd ADDRESS 33 Frederick Rd DATE SIGNED 9/20/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	9-29-54	Mt. Olivet Cem.	Balto. Md.

DATE REC'D BY LOCAL REG. 9/29/54 | REGISTRAR'S SIGNATURE T. E. Harry | 24. FUNERAL DIRECTOR George A. Farley ADDRESS Catonsville, Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

08183

2411 N. Charles Street, Baltimore

08176

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (in this place) 6 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville MD
STREET ADDRESS (If rural, give location) 8336 Harford Rd

3. NAME OF DECEASED (Type or Print): (First) Erwin (Middle) Hodkow (Last) Carter
4. DATE OF DEATH: (Month) Sept. (Day) 9 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Jan 31 1879
9. AGE last birthday: 75 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Ind
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Carter
14. MOTHER'S MAIDEN NAME: Baltimore Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 245-07-3698
17. INFORMANT AND ADDRESS: Mrs. Helen Fortner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension CVD.

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 d.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/6/54, 19..., to 9/9/54 19..., that I last saw the deceased alive on 9/7/54, 19..., and that death occurred at 8:03 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Rudolph Gotthardt M.D. 8100 Harford Rd 9/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept 11-54
NAME OF CEMETERY OR CREMATORY Chestnut Cemetery
LOCATION (City, town, or county) (State) Christiantown Md

DATE REC'D BY LOCAL REG. 9/10/54
REGISTRAR'S SIGNATURE G. M. Bacon
24. FUNERAL DIRECTOR ADDRESS Leonard A. Frank Glyndon Md

MARYLAND STATE DEPARTMENT OF HEALTH

08177

08184

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lakeville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3217 Marmat Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lakeville
STREET ADDRESS (If rural, give location) 3217 Marmat Rd

3. NAME OF DECEASED (Type or Print): (First) JEROME (Middle) — (Last) CHALMERS

4. DATE OF DEATH: (Month) 9 (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married

8. DATE OF BIRTH: 10-3-1913

9. AGE last birthday: 40 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dancer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Howard J Chalmers

14. MOTHER'S MAIDEN NAME: Esther

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Julia Chalmers - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the lung — Interval Between Onset and Death: 18 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec. 30, 1952

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the lung with metastasis

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953 to Sep. 6, 1954, that I last saw the deceased alive on Sep. 6, 1954, and that death occurred at 8 15 P m., from the causes and on the date stated above.

SIGNATURE: Marvin Goldstein (Degree or title) M.D. ADDRESS 5334 Liberty Heights Ave. Balto 3rd DATE SIGNED 9/6/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-7-54 — NAME OF CEMETERY OR CREMATORY: Rosedale — LOCATION (City, town, or county): Balto — (State): Md

DATE REC'D BY LOCAL REG. 9-7-54 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Jack Lewis Inc — ADDRESS: 2100 Eastern Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08185 08178

CERTIFICATE OF DEATH

Reg. Dist. No. 47

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (In this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum Heights
STREET ADDRESS (If rural give location) Nursery Road

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) T. (Last) COATES

4. DATE OF DEATH: (Month) (Day) (Year) September 14, 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 7-10-99

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Construction work

11. BIRTHPLACE (State or foreign country): Maryland Prince Georges County

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Tom Coates

14. MOTHER'S MAIDEN NAME: Annie Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO 215-24-8986

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hospital,Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC NEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Sept.12, 1954, to Sept. 14, 1954 and that death occurred at 7:20A.M, from the causes and on the date stated above.

SIGNATURE WILLIAM E. VANDEGRIFT, M.D. ADDRESS M. D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 9-15-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 9/17/1954

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Arlington S. Phillips Funeral Home 1808 N. Monroe St., Baltimore 17, Md.

VS. A15—10

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND 08186

08179

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Butler Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon
STREET ADDRESS (If rural, give location) Butler Road

3. NAME OF DECEASED (Type or Print): (First) Daniel Alden (Middle) (Last) Collier

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 29, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 26, 1881

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman at Park & Tilford Distillery

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Collier

14. MOTHER'S MAIDEN NAME: Sarah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 356-07-6334

17. INFORMANT AND ADDRESS: Ruth E. Collier, Glyndon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Left Hemiplegia — Interval between onset and death: 22 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Vascular Disease — 6 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None.

PLACE (Home, farm, factory, street, office bldg., etc.): None. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None. m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from 9-7, 1954, to 9-29, 1954, that I last saw the deceased alive on 9-29, 1954, and that death occurred at 5.9 x.....m., from the causes and on the date stated above.

SIGNATURE: D. D. Caples (Degree or title) M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 9-30-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Oct 2, 1954
NAME OF CEMETERY OR CREMATORY: All-Saints
LOCATION (City, town, or county) (State): Reisterstown, Md.

DATE REC'D BY LOCAL REG. 9-30-54
REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR: J. F. Eline & Sons, Reisterstown, Md. ADDRESS

08187

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08180

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rodgers Forge
LENGTH OF STAY (in this place) 1 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS 310 Overbrook Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) 310 Overbrook [illegible]

3. NAME OF DECEASED (Type or Print): (First) Eileen (Middle) N. (Last) Collier

4. DATE OF DEATH: (Month) Sept. (Day) 30 (Year) 1954

5. SEX [illegible]
6. COLOR OR RACE [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH [illegible]
9. AGE last birthday 37 yrs. If under 1 year: Months [illegible] Days [illegible] If under 24 hrs.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME Michael J. McHale
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Barbiturate Poisoning (overdose of sleeping tablet Amytal) — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Psychosis Depressive — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE Collins C. Hudson (Degree or title) M.D. D.M.E. ADDRESS Towson Md DATE SIGNED 9/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible]
DATE THEREOF [illegible]
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG. 10-1-54
REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR J. W. Meades & Son
ADDRESS 505 N. Calvert St.

08188

08181

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House In The Pines 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 227 Doris Ave.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (Last) Collison
4. DATE OF DEATH: (Month) 9 (Day) 28 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3/2/06
9. AGE last birthday: 48 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Hinkle
14. MOTHER'S MAIDEN NAME: Margaret Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: ---
17. INFORMANT AND ADDRESS: Edgar Collison 227 Doris Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic Ca of Lung — 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ca of Breast — 2 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) / INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-3, 1954, to 9-28, 1954, that I last saw the deceased alive on 9-27, 1954, and that death occurred at 1.30 m., from the causes and on the date stated above.

SIGNATURE: Wilma K. Gallagher — (Degree or title): M.D. — ADDRESS: Catonsville-28, Md — DATE SIGNED: 9-28-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/30/54 — NAME OF CEMETERY OR CREMATORY: Glen Haven Mem. Park — LOCATION (City, town, or county) (State): Glen Burnie, Md.

DATE REC'D BY LOCAL REG. 9/28/54 — REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR: JOHN F. DENNY, INC. — ADDRESS: 715 Light St.

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SEP
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08182

08189 CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY: Baltimore

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Rural: Towson

MARYLAND LENGTH OF STAY (In this place): 4 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium, Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED.

STATE: Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City

STREET ADDRESS (If rural give location): 22 No. Port St.

3. NAME OF DECEASED: (Type or Print) (First) Martin (Middle) J. (Last) Crist - Krystyniak

4. DATE OF DEATH: (Month) Sept. (Day) 4 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 10/12/1890

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mfg. Dept.

10b. KIND OF BUSINESS OR INDUSTRY: Brewery

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Crist - Krystyniak

14. MOTHER'S MAIDEN NAME: Catherine Pakrywska

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-10-4955

17. INFORMANT & ADDRESS: Personal History, Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1954 to 9/4, 1954, that I last saw the deceased alive on 9/4, 1954, and that death occurred at 10.50 PM from the causes and on the date stated above.

SIGNATURE: Julian S. Kuss (Degree or title) ADDRESS: Eudowood Sanatorium - Towson 4, Maryland DATE: 9/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF: 9-9-1954 NAME OF CEMETERY OR CREMATORY: Holy Redeemer LOCATION (City, town or county) (State): Baltimore Md.

DATE RECD BY LOCAL REGISTRAR: 9/8/54 REGISTRAR'S SIGNATURE: A W Wedrich

24. FUNERAL DIRECTOR: John C. Miller Inc. ADDRESS: 3431 E. Oliver St.

JC 2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08183

08190 CERTIFICATE OF DEATH Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (In this place) 13½ Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 504 E. Eager Street

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) A (Last) CULLEN

4. DATE OF DEATH: (Month) (Day) (Year) September 11 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: 9/22/97 | 9. AGE last birthday 56 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Westernport, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Cullen
14. MOTHER'S MAIDEN NAME: Mary Cosgrove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 214-14-1831 Unknown
17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) INANITION — INTERVAL BETWEEN ONSET AND DEATH: 1 Month

ANTECEDENT CAUSE (S) DUE TO CARCINOMA OF ESOPHAGUS — Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from April 28 1954, to Sept 11 1954 and that death occurred at 3:20 PM, from the causes and on the date stated above.

SIGNATURE John A Surmonte — ADDRESS — DATE SIGNED

JOHN A SURMONTE, M.D. M.D. VAH, Fort Howard, Md. 9/11/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9-16-54 | NAME OF CEMETERY OR CREMATORY Baltimore National | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 9-14-54 | REGISTRAR'S SIGNATURE H W Hedrick per | 24. FUNERAL DIRECTOR ADDRESS HENRY W. JENKINS & SONS FUNERAL HOME 4905 York Rd. Baltimore, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

08184

08191

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. X 33

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arcadia
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ufferee or P.O. - Arcadia, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Nannie	Jane	Allison	Sept	19	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	married	Dec 30 - 1885	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	Farming	Mt. Carmel Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Emory Benson	Mary Sallie L. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	none	[redacted] Clyde Callion, Ufferee Md

18. MEDICAL CERTIFICATE

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cessation of all Vital forces by deterioration	7 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis - Hemiplegia	
	(c) Fractured Lt. Hip and operation	3 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Nov 19-1953	Fractured neck of Femur	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR?
July 2 - 53 m.		Fall over chair in effort to stand

22. I hereby certify that I attended the deceased from July 2, 1953, to Sept 19, 1954, that I last saw the deceased alive on Sept 19, 1954, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Orril E. Forella MD.		Jefferson Md.	Sept 19-'54.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 21st	St Paul's	Burkittsville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-20-54	Mary B. Elmer	Edw. Shipley	Hampstead Md

VS. A15

RECEIVED
SEP 21 1954
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08192 08185

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS JONES CREEK

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 1719 ALICEANNA STREET

3. NAME OF DECEASED: (First) JAMES (Middle) (Last) DANIELS
4. DATE OF DEATH (Month) 9 (Day) 4 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH: 7/21/04
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): LONGSHOREMAN
10b. KIND OF BUSINESS OR INDUSTRY: SHIPPING
11. BIRTHPLACE (State or foreign country): POLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: TEOFIL DANIELAK
14. MOTHER'S MAIDEN NAME: SOPHIA — ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-09-3897
17. INFORMANT & ADDRESS: MR MELVIN LENCZYCKI 2834 LAKE AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) DROWNING - FOUND DROWNED DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes [X] No [ ]

21a. EXTERNAL CAUSE WAS PRIMARY [ ] or CONTRIBUTING [ ] CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work [ ] Not while at work [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy [ ], Inspection [ ], Inquiry [ ], and find that death resulted from: Natural causes [ ], Accident [X] Suicide [ ], Homicide [ ], Undetermined cause [ ].

SIGNATURE R. B. Fisher M. D.
CHIEF MEDICAL EXAMINER [X]
DEPUTY MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAM. [ ]
DATE SIGNED 9-5-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF 9/9/54
NAME OF CEMETERY OR CREMATORY HOLY ROSARY
LOCATION (City, town, or county) (State) BALTIMORE, MD.

DATE REC'D BY LOCAL REG. 9/8/54
REGISTRAR'S SIGNATURE R W Hedrick
24. FUNERAL DIRECTOR M. F. SADOWSKI + SONS
ADDRESS 1808 EASTERN AVE
JCL Charles D. Sadowski

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08186

08193 # CERTIFICATE OF DEATH Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Carney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2900 HISS [redacted]t Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Carney
STREET ADDRESS (If rural give location) 2900 HISS [redacted]t Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Anna (Last) Dannes

4. DATE OF DEATH: (Month) Sept. (Day) 20, (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 3, 1894

9. AGE last birthday: 60 yrs. IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Klingorhrl

14. MOTHER'S MAIDEN NAME: Marie Kunz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Joseph Dannes, 2900 HISS [redacted]t Avenue

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1-X
IMMEDIATE CAUSE (A) Ovarian carcinoma with gen. — INTERVAL BETWEEN ONSET AND DEATH: 1yr +
ANTECEDENT CAUSE (B) DUE TO metastasis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Nov 26 1953
19B. MAJOR FINDINGS OF OPERATION: Gen. carcinomatosis
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 26, 1953, to Sept. 20, 1954, that I last saw the deceased alive on Sept. 20, 1954, and that death occurred at 1130 ? M, from the causes and on the date stated above.
SIGNATURE M. D. ADDRESS 7122 Harford Rd DATE SIGNED 9/21/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Sept. 24, 1954
NAME OF CEMETERY OR CREMATORY: Western Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland
DATE REC'D BY LOCAL REGISTRAR: 9-21-54
REGISTRAR'S SIGNATURE: R W Hedrick
24. FUNERAL DIRECTOR: Leonard J. Ruck, 5305 Harford Road #14 ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-

Dr. Skloven
7122 Harford Road
9-10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08187

03194

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
   COUNTY: Baltimore
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural: Towson
   MARYLAND LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland COUNTY: None
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
   STREET ADDRESS (If rural give location): 1804 Eutaw Place

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (Last) Delp

4. DATE OF DEATH: (Month) 9 (Day) 25 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: Oct. 26, 1899

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 2 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Refiner

10b. KIND OF BUSINESS OR INDUSTRY: Fish Oil

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Delp

14. MOTHER'S MAIDEN NAME: Catherine Meise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Frances E. Delp 1804 Eutaw Place

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) DUE TO: Tuberculous meningitis — 1 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO: Pulmonary Tbc — 6 mos.
(c)

002X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-4 ..., 1954, to 9-25, 1954, that I last saw the deceased alive on 9-24, 1954, and that death occurred at ... 10 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Hamilton B. Kline M D Eudowood Sanatorium - Towson 4, Maryland

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Sept. 28, 1954

NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

LOCATION (City, town, or county) (State): Woodlawn, Balto. Co., Md.

DATE REC'D BY LOCAL REGISTRAR: 9-28-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: John O. Mitchell & Sons

ADDRESS: 1900 Eutaw Place

MARYLAND STATE DEPARTMENT OF HEALTH

08188

08195

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4-4

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jones Creek; LENGTH OF STAY (In this place) 53 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 7405 Bay Front Road	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jones Creek (19); STREET ADDRESS (If rural, give location) 7405 Bay Front Road

3. NAME OF DECEASED (Type or Print)	(First) ADA	(Middle) MYRTLE	(Last) DEMORA	4. DATE OF DEATH	(Month) 9-	(Day) 21-	(Year) 54	19	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.	
FEM.	WHITE	WIDOW	7-23-1894	60 yrs.					

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) W. Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Geo. W. Frye		14. MOTHER'S MAIDEN NAME Fannie Frye	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NO	16. SOCIAL SECURITY NO. 234-36-6341	17. INFORMANT AND ADDRESS Mrs. Gilbert Shipley — State	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Investigated Carcinomatosis	1 yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Cervix	3 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May 1, 19 54, to Sept. 21, 19 54, that I last saw the deceased alive on Sept. 21, 19 54, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T. Means	M.D.	510 Light St. Spencer W.Va.	9/21/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	9-23-54	EDGE HILL	CHARLESTOWN, W.VA.

DATE RECD BY LOCAL REGIST.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
SEP. 24-54	Dawson L. Harbert	Walter Bruce Bradley	Kenilworth, W.Va.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Washington, D.C.

RECD V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08196

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08189

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton (Baltimore 6); LENGTH OF STAY (In this place) 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 8219 Belair Road Apt #9

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York; COUNTY Queens; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elmhurst New York City; STREET ADDRESS (If rural, give location) 8512 - 53rd Ave

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) W (Last) Demuth

4. DATE OF DEATH: (Month) Sept (Day) 28 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Jan 16th 1881

9. AGE last birthday: 73 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 100-20-3998

17. INFORMANT AND ADDRESS: Mrs. Robt. Van Gelder Balto 6 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac disease, acute congestive failure — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis with hypertension — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident , suicide , homicide , undetermined .*

SIGNATURE Rollin C. Hudson (Degree or title) M.D., D.M.E. ADDRESS Towson Md DATE SIGNED 9/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/2/54 — NAME OF CEMETERY OR CREMATORY Lutheran Cemetery — LOCATION (City, town, or county) (State) Queens Co. N.Y.

DATE REC'D BY LOCAL REG. Sept. 29. 1954 — REGISTRAR'S SIGNATURE Mrs. M.D. Quisenberry

24. FUNERAL DIRECTOR Joseph Samuel Ham — ADDRESS 7401 Belair Rd.

SEP 30

08190

Item 18 Film G170A 9-27-54-ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

08197

FOR MEDICAL EXAMINERS

Reg. Dist. No. ....

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Towson Convalescent Home 310 Chesapeake Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Gordon (Last) Dentry
4. DATE OF DEATH: (Month) Sept (Day) 1 (Year) 1954
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec. 13, 1894
9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist (rtd)
10b. KIND OF BUSINESS OR INDUSTRY: Dentistry
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles G. Dentry
14. MOTHER'S MAIDEN NAME: Henrietta T. Dames
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War #1
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr. Henry A. Dentry - 820 Argonne Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Brain	3 yrs +
	Primary (c) Carcinoma, left kidney with metastases	about 1 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of brain
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: Rollin E. Hudson (Degree or title) M.D. DME ADDRESS: Towson Md DATE SIGNED: 9/1/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9/3/54
NAME OF CEMETERY OR CREMATORY: St. John's Cem.
LOCATION (City, town, or county) (State): Long Green, Md.

DATE REC'D BY LOCAL REG.: 9-2-54
REGISTRAR'S SIGNATURE: Helen A. Dee
24. FUNERAL DIRECTOR: Wm. J. Tickner & Son
ADDRESS: Balto. 17, Md.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

08191

2411 N. Charles Street, Baltimore

08198

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS PT. (19) | LENGTH OF STAY (in this place) 38 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 504 E. STREET

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT (19)
STREET ADDRESS (If rural, give location) 504 E 9T.

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) FREDERICK (Last) DIETER
4. DATE OF DEATH: (Month) 9 (Day) 19 (Year) 54
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 4-22-1899
9. AGE last birthday: 55 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHECKER
10b. KIND OF BUSINESS OR INDUSTRY: SHIP BUILDING
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN H. DIETER
14. MOTHER'S MAIDEN NAME: ANNA SCHNEIDER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 216-10-4093
17. INFORMANT AND ADDRESS: ROSE BISSELL DIETER — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Occlusion — Interval Between Onset and Death: 8 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Insufficiency — 4-5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to Sept 20, 1954, that I last saw the deceased alive on Sept 18, 1954, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Robert E. Farber M.D | Sparrows Point Md | 9-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: 9-22-54 | NAME OF CEMETERY OR CREMATORY: BALTIMORE CEM. | LOCATION (City, town, or county) (State): BALTIMORE, Md.

DATE REC'D BY LOCAL REG.: Sept. 20-54 | REGISTRAR'S SIGNATURE: Dawson L. Harbor | 24. FUNERAL DIRECTOR: Wells Bowie Bradley | ADDRESS: Dundalk, Md.

SEP 22 1954
WASHINGTON, D. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08192

08199 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

PLEASE WRITE PITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print) Randall H. Dodson

2. DATE OF DEATH September 2, 1954

3. PLACE OF DEATH: A Baltimore City, Maryland Catonsville Baltimore County

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B STATE Maryland COUNTY Dorchester

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Spring Grove State Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cambridge

c Length of stay in Baltimore 17yrs. 24days (Yrs. Mos. Days)

D. STREET ADDRESS (If rural, give location) 306 Henry Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White	Single	8-14-1907	47		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electric welder

10B. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Ralph Dodson

14. MOTHER'S MAIDEN NAME Bertie Lyons

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO Unknown

17. INFORMANT ADDRESS Records Spring Grove State Hosp.

MEDICAL CERTIFICATION

18. 521X

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Confluent bronchopneumonia	6 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B) Right pulmonary abscess	unknown (1+ yrs)
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Parkinson's Syndrome of undetermined cause	Years

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES [X] NO [ ]

22. I hereby certify that I attended the deceased from 8-28- 1954 to 9-2- 1954 that I last saw the deceased alive on 9-2- 1954, and that death occurred at 3:15p m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Ethel B Heymann Freed M.D. M. D.	Spring Grove State Hospital Catonsville 28, Maryland	9-2-54

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	9/5/54	Greenlawn Cem.	Cambridge, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9/2/54	V E Harry	JOHN F. DENNY, INC.	715 HIGH ST.

REGISTRAR

08200 **MARYLAND STATE DEPARTMENT OF HEALTH** 08193

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Liberty Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Md
STREET ADDRESS (If rural, give location) Liberty Road

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Pearl (Last) Doetsch
4. DATE OF DEATH: (Month) Sept. (Day) 9 (Year) 1954

5. SEX: F
6. COLOR OR RACE: Wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 9 1878
9. AGE last birthday: 76 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Cottle
14. MOTHER'S MAIDEN NAME: Samantha Bittner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: John C. Doetsch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gangrene

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes

(c) Cardio Vascular Disease

INTERVAL BETWEEN ONSET AND DEATH: 9 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1/, 1954, to 9/9/, 1954, that I last saw the deceased alive on 9/9/, 1954, and that death occurred at 10:40 P.m., from the causes and on the date stated above.

SIGNATURE: Wm. E. Martin (Degree or title) M.D. ADDRESS Catonsville Md DATE SIGNED 9/10/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 9/13/54 | NAME OF CEMETERY OR CREMATORY Loudon Park | LOCATION (City, town, or county) (State): Baltimore, Md

DATE REC'D BY LOCAL REG. 9/10/54 | REGISTRAR'S SIGNATURE Wm. E. Martin | 24. FUNERAL DIRECTOR Leo D. Cook | ADDRESS 1701-03 Patterson Park Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08194

08201

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH.
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 1 mo 26 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore - 12
STREET ADDRESS (If rural give location) 619 Dunleith Rd

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) G (Last) Dowling

4. DATE OF DEATH: (Month) Sept (Day) 18 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: July 18, 1873

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ornamental Iron Worker

10B. KIND OF BUSINESS OR INDUSTRY: Iron

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James A. Dowling

14. MOTHER'S MAIDEN NAME: Georgianna Slon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-32-8190

17. INFORMANT & ADDRESS: Spring Grove State Hosp Catonsville 28, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic heart disease — yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Generalized arteriosclerosis — yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Senile arteriosclerotic nephrosclerosis — yrs

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-22, 1954 to 9-18, 1954, that I last saw the deceased alive on 9-18, 1954, and that death occurred at 11:20 A M, from the causes and on the date stated above.

SIGNATURE AND M. D. Ethel B. Herrmann-Breed ADDRESS Spring Grove Hosp Catonsville 28 Md DATE SIGNED 9-18-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Sept 21-1954

NAME OF CEMETERY OR CREMATORY Louden Park Cemetery

LOCATION (City, town, or county) Baltimore (State) md

DATE RECD BY REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Glenn F. Fitz ADDRESS 5209 York Rd.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10

08200 **MARYLAND STATE DEPARTMENT OF HEALTH** 08193

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown; LENGTH OF STAY (In this place) 8 Mo; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Liberty Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown Md; STREET ADDRESS (If rural, give location) Liberty Road

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Pearl (Last) Doetsch

4. DATE OF DEATH: (Month) Sept. (Day) 9 (Year) 1954

5. SEX: F

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 1 of January

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Cottle

14. MOTHER'S MAIDEN NAME: Samantha Bittner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: John C Doetsch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gangrene

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes

(c) Cardiac Vascular disease

INTERVAL BETWEEN ONSET AND DEATH: 9 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/11/54, to 9/9/54, that I last saw the deceased alive on 9/9/54, and that death occurred at 10:40 P m., from the causes and on the date stated above.

SIGNATURE: Wm. E. Martin (Degree or title) M.D. ADDRESS Randallstown Md DATE SIGNED 9/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 9/13/54; NAME OF CEMETERY OR CREMATORY Loudon Park; LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. 9/10/54; REGISTRAR'S SIGNATURE Wm E Martin

24. FUNERAL DIRECTOR: Leo A. Cook; ADDRESS 1701-03 Patterson Park Ave

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08195

08202 CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY BALTO
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN ESSEX
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 613 DELAWARE AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural, give location) 613 DELAWARE

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) (Last) DROTAR

4. DATE OF DEATH: (Month) (Day) (Year) SEPT. 2 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: JUNE 9 - 1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: HOSPITAL

11. BIRTHPLACE (State or foreign country): CHECHOSLOVKIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MICHAEL DROTAR

14. MOTHER'S MAIDEN NAME: EVA ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) – (If Yes, give war or dates of service) –

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: SUE DARNES SAME AS ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Pneumonia +	2 wks.
	DUE TO (c) Arteriosclerotic heart dis.	? yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 19 54, to 9/2, 19 54, that I last saw the deceased alive on 9/2, 19 54, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

SIGNATURE J. Stath, M.D. (DEGREE OR TITLE) ADDRESS 734 Eastern Ave. Essex md DATE SIGNED 9/4/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	9/6/54	SACRED HEART	BALTO. MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/4/54	Edith Hurley	John B Connelly	ESSEX MD.

SEP 8 1954
BUREAU V. S.

08203

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08196 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 32

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 106 Brightside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 17 Waldron Ave.

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) Augustine (Last) Duke

4. DATE OF DEATH (Month) 9 (Day) 26 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower	5-28-1886	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Salesman	Southern Plumbing Sup.	Baltimore	U.S.A.

13. FATHER'S NAME: Joseph Duke

14. MOTHER'S MAIDEN NAME: Ida Blessing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes /	216-03-3465	Rev. Joseph Aubert Duke, Georgetown University

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Artery Disease	15 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: none

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
none	none	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
none	106 Brightside Ave.	Pikesville, Balto., Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
9-26-54 7:45 P.M.		was taken with pain in his chest & dropped on the front lawn.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Taylor M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-27-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/29/54	St. Charles	Pikesville, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-28-54	[illegible]	Edward Stamler H. Yurell	Pikesville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08198

08204 CERTIFICATE OF DEATH Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TEXAS
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS CHURCH LANE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TEXAS
STREET ADDRESS (If rural give location) CHURCH LANE

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) C. (Last) DWYER

4. DATE OF DEATH: (Month) SEPT. (Day) 19, (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JAN. 7, 1869

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): RHODE ISLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: THADDEUS McDERMOTT

14. MOTHER'S MAIDEN NAME: MARY HOBART

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: REV. JAS. A. DWYER, ST. JOSEPH'S RECTORY, TEXAS, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Coronary Thrombosis
DUE TO
Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December, 1954, to 9/19, 1954, that I last saw the deceased alive on 9/5, 1954, and that death occurred at 7:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) M. K. Quinn M.D.
ADDRESS TIMONIUM Md.
DATE SIGNED 9/20/54.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF SEPT. 23/1954
NAME OF CEMETERY OR CREMATORY ST. JOSEPH'S CEMETERY
LOCATION (City, town, or county) (State) TEXAS, BALTO. CO., MD.

DATE REC'D BY LOCAL REGISTRAR 9-20-54
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR JOHN BURNS' SONS, TOWSON, MD.
ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

08153 MARYLAND STATE DEPARTMENT OF HEALTH 08199

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last)

4. DATE OF DEATH: (Month) Sep (Day) 25/54 (Year) 19

5. SEX | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: Oct 25 1891 | 9. AGE last birthday: 63 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: William

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Accident — 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension Cardio-Vascular Renal — 5 yrs.

(c) Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Obesity

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from —, 19—, to Sept 25, 19 54, that I last saw the deceased alive on Sept 25, 19 54 and that death occurred at 2:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Brown M.D. Dundalk, Md 9/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial 9/28/54 Oak Lawn Baltimore

DATE REC'D BY LOCAL REG. 9-28-54 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS

H. W. Hedrick Wilhelm Funeral Home 2112 Eastern Ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08200

08205 # CERTIFICATE OF DEATH Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 106 Brightside

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
STREET ADDRESS (If rural give location) 106 Brightside

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) A. (Last) Eckenrode
4. DATE OF DEATH: (Month) 9 (Day) 24 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married
8. DATE OF BIRTH: July 9-1879
9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Western Md R.R.
11. BIRTHPLACE (State or foreign country): Emmitsburg Md
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Ephraim Eckenrode
14. MOTHER'S MAIDEN NAME: Elizabeth Elder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 705-10-8691
17. INFORMANT & ADDRESS: Eliz. Virginia Eckenrode - Pikesville

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Heart failure
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Urinary Ingestion — 1 mos.
DUE TO
(C) Arteriosclerosis generalized — 5 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19 5?, to Sept. , 19 54, that I last saw the deceased alive on 9/23 , 19 54, and that death occurred at 11:45 A M, from the causes and on the date stated above.
SIGNATURE Louis J. Dalmas M.D. ADDRESS Pikesville 8, Md DATE SIGNED 9/24/1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/27/54
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) (State) Balto, Md.

DATE REC'D BY LOCAL REGISTRAR 9-27-54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Frank H. Newell ADDRESS Pikesville Md.

VS. A15—10

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08206

CERTIFICATE OF DEATH

08201

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Towson

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 312 W. Chesapeake Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Baltimore

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Towson

STREET ADDRESS (If rural give location): 312 W. Chesapeake Avenue

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) KOELLNER (Last) EGER

4. DATE OF DEATH: (Month) September (Day) 11, (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widow	November 28, 1872	81 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	USA

13. FATHER'S NAME: August Koellner

14. MOTHER'S MAIDEN NAME: Katherine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	None	Ludwig Eger, Timonium, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Acute Cardiac Failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Arteriosclerosis

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 2, 1952, to Sept 11, 1954, that I last saw the deceased alive on Sept 11, 1954, and that death occurred at 5:30 P.M. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Laurence C. Kolb	M.D.	6805 York Rd	9/13/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 15, 1954	Prospect Hill Cemetery	Towson, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 15, 1954	Mabel C. Gray	John Burns' Sons, Towson, Maryland	

SEP

08202

MARYLAND — **STATE DEPARTMETT OF HEALTH**

08207 CERTIFICATE OF DEATH

Reg. Dist. No. ..../.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard,
LENGTH OF STAY (in this place): 12 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2904 Cold Spring Lane

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) J (Last) ELLARD

4. DATE OF DEATH: (Month) September (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3/20/85

9. AGE last birthday: 69 yrs. — If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Park Police

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Richard Ellard

14. MOTHER'S MAIDEN NAME: Elizabeth McDermott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) OPERATIVE PERFORATION OF BLADDER WITH EXTRA-	12 HOURS
Antecedent cause(s)	PERITONEAL EXTRAVASATION AND HEMORRHAGE	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CARCINOMA OF BLADDER, RECURRENT	9 MONTHS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/13/54

19b. MAJOR FINDINGS OF OPERATION: SUPRAPUBIC CYSTOSTOMY AND EXTRAVESICAL DRAINAGE

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Sept 1, 1954, to Sept 13, 1954, that I last saw the deceased alive on [illegible] and that death occurred at 10:25P m., from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift, M.D. (Degree or title) ADDRESS: VAH, Fort Howard, Maryland DATE SIGNED: 9/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 9/16/54 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE: ✓

24. FUNERAL DIRECTOR: William J. Tickner Funeral Home — ADDRESS: North & Pennsylvania Ave. Balto, Md.

08154

MARYLAND STATE DEPARTMENT OF HEALTH

08203

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk (22) | LENGTH OF STAY (In this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 22 Liberty Parkway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk (22)
STREET ADDRESS (If rural, give location) 22 Liberty Pkwy

3. NAME OF DECEASED (Type or Print): (First) Norman (Middle) Earl (Last) Erb.

4. DATE OF DEATH: (Month) (Day) (Year) 9-27-54 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 18 Sept. 1891

9. AGE last birthday: 63 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Steel Mfgr.

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: (Unk)

14. MOTHER'S MAIDEN NAME: Susan (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 213-07-3499

17. INFORMANT AND ADDRESS: Mrs. Joshua R. Wheeler — Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion. — Interval Between Onset and Death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) Hypertrophic Arthritis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, or office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

M. G. Davis MD | Dep. Med. Exam. | Dundalk | 9/27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 9-30-54 | NAME OF CEMETERY ~~OR CREMATORY~~: Mt. Rock | LOCATION (City, town, or county) (State): Lewistown, Penna

DATE REC'D BY LOCAL REG. Sept 28-1954 | REGISTRAR'S SIGNATURE William M. Kelly | 24. FUNERAL DIRECTOR ADDRESS: Walter Brooks Bowlly, Dundalk, Md.

RECEIVED
SEP 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08204

08208 **CERTIFICATE OF DEATH** Reg. Dist. No. 38

1. NAME OF DECEASED (Type or Print): SIDNEY JUMP EVERNGAM
2. DATE OF DEATH: SEPT. 18, 1954
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore County
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Annaconta Nursing Home 852 Register Ave.
c. Length of stay in Baltimore: 8 Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Maryland B. COUNTY Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 707 Oxford A. Balto. 12
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug 6, 1863
9. AGE (In years last birthday): 91 If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework
10B. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Foster Green
14. MOTHER'S MAIDEN NAME: Jane Jump
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs K. Thos. Evernga ADDRESS: Easton, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, *to* Sept 18, 1954 *that I last saw the deceased alive on* Sept 17, 1954, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Franklin E. Lyle M. D.
23B. ADDRESS: 2929 N Charles St
23C. DATE SIGNED: 9/20/54

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sept. 21, 1954
24C. NAME OF CEMETERY OR CREMATORY: Concord
24D. LOCATION (City, town, or county) (State): Concord Md.

DATE RECEIVED BY LOCAL REGISTRAR: SEP 20 1954
REGISTRAR'S SIGNATURE: Hester Gray Huntington Wilmot
25. FUNERAL DIRECTOR: Elizabeth Moore ADDRESS: Easton

VS. A15—10

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY IN UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08209

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08205 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 30

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CATONSVILLE
LENGTH OF STAY (in this place) 8 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Berwin
STREET ADDRESS (If rural, give location) 3607 Rhode Island Av.

3. NAME OF DECEASED: (First) Edith (Middle) Marwin (Last) Fenno
4. DATE OF DEATH (Month) 9 (Day) 5 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	widow	9/25/1878	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	—	Md	U.S.A.

13. FATHER'S NAME: Hilon Reed
14. MOTHER'S MAIDEN NAME: Susan Baldwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	unknown	Hospital Records

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
Immediate cause	(a) Hypostatic Pneumonia	3 days
DUE TO		3 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Fracture Rt Hip	24 da.
DUE TO		
	(c) Cerebral Arteriosclerosis	1 yr.
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	None.	

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
None	None.	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY	21c. (City or town)	(County)	(State)
	Main Bldg	Spring Grove Hosp.	Balto.	Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
8 11 '54 9 P.M.		Patient found lying on the floor

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. D. Eagles M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED Sept 5 '54.

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 7-54	Ivy Hill	Laurel Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/6/54	T. E. Harry	Kelly & Donaldson	Laurel Md

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08210 **CERTIFICATE OF DEATH** Reg. Dist. No. 0820644

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 27 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 922 N. Calvert Street

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) B. (Last) FITE

4. DATE OF DEATH: (Month) (Day) (Year) September 15, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Divorced
8. DATE OF BIRTH: 4/15/06
9. AGE last birthday 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Canning Company
11. BIRTHPLACE (State or foreign country): Resaca, Georgia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Berry W. Fite
14. MOTHER'S MAIDEN NAME: Hortense Thibadence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II
16. SOCIAL SECURITY NO. 252-01-5087
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hospital,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF LEFT LUNG — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Aug. 19 , 1954 , to Sept. 15 , 1954 , and that death occurred at 7:45 A M, from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. M.D.
ADDRESS VAH, FORT HOWARD, MARYLAND
DATE SIGNED 9-16-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
NAME OF CEMETERY OR CREMATORY Calhoun Main Cemetery
LOCATION (City, town, or county) (State) Calhoun, Georgia

DATE REC'D BY LOCAL REGISTRAR SEP 16 1954
REGISTRAR'S SIGNATURE Hunter Williams M.D.
24. FUNERAL DIRECTOR AND ADDRESS William Cook-Blight Funeral Home, 6009 Harford Road, Baltimore 14, Md.
Raymond A. Mayer

SHIPPED TO: Jackson Montuary, Calhoun, Georgia

RECEIVED
SEP 21 1954
USDA U. S.

08207

STATE DEPARTMETT OF HEALTH

MARYLAND 08211

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shady Nook Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) M (Middle) Adele (Last) France
4. DATE OF DEATH: (Month) 9 (Day) 17 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb. 17, 1878
9. AGE last birthday: 76 yrs. | If under 1 year: Months. Days | If under 24 hrs: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dean - Ret.
10b. KIND OF BUSINESS OR INDUSTRY: College
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas France
14. MOTHER'S MAIDEN NAME: Emma Price
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Shady Nook Nursing Home (Records)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: Few hrs

Antecedent cause(s) Hypertension — years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept ..., 1954, to (Sept ..., 19..., that I last saw the deceased alive on Sept 14, 1954, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Shroder Jr. M.D. ADDRESS 1118 St. Paul St. Baltimore 2, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 9-20-54 | NAME OF CEMETERY OR CREMATORY Chestertown Cem. | LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REG. 9/20/54 | REGISTRAR'S SIGNATURE V.E. Harvey | 24. FUNERAL DIRECTOR George A. Farley ADDRESS Catonsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08209

08212

CERTIFICATE OF DEATH

Reg. Dist. No. 4-4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 7 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 2914 SYLVAN AVENUE

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) FULCO (Last) SR

4. DATE OF DEATH (Month) SEPTEMBER (Day) 11 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 11-18-87

9. AGE last birthday 66 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BARBER

10B KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED

11. BIRTHPLACE (State or foreign country): PALERMO, ITALY

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH FULCO

14. MOTHER'S MAIDEN NAME: JOSEPHINE DeANGELO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO. 212-28-5139

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CEREBRAL VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 17 DAYS

ANTECEDENT CAUSE (S)
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE WITH DECOMPENSATION — UNKNOWN

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from SEPT. 4, 1954, to SEPT. 11, 1954, that I last saw the deceased alive on [illegible], and that death occurred at 1:00 P.M., from the causes and on the date stated above.

SIGNATURE John A. Surmonte M.D. ADDRESS VAH, FT. HOWARD, MD. DATE SIGNED 9/11/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 9-15-54 — NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEMETERY — LOCATION (City, town, or county) (State) 4430 Belair Rd., Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 9/13 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR LEONARD J. RUCK — ADDRESS 5305 HARFORD ROAD BALTO. MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08213 Co

CERTIFICATE OF DEATH

08210

Reg. Dist. No. 40

1. PLACE OF DEATH: Infirm
COUNTY St Mary's CHASE
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Chase
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E (Last) Legge.

4. DATE OF DEATH: (Month) Sept (Day) 15 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: Aug 20 - 1860

9. AGE last birthday: 94 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: Children Home

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Moses

14. MOTHER'S MAIDEN NAME: Eliza -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: John M Legge - Chase Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CONGESTIVE HEART FAILURE	2 DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	15 YRS
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1954, to Sept 15, 1954, that I last saw the deceased alive on Sept 15, 1954, and that death occurred at 6:15 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Denis Sonnenstuhl MD 1437 Fuselage Ave Balto 20, Md 9/15/54

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF Sept 15-1954 NAME OF CEMETERY OR CREMATORY Harleyton LOCATION (City, town, or county) Harleyton (State) N Y

DATE REC'D BY LOCAL REG. 9-15-54

REGISTRAR'S SIGNATURE A W Hodnett Jr

24. FUNERAL DIRECTOR Wm Cook Inc - 1217 St Paul St ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

MARYLAND STATE DEPARTMENT OF HEALTH

08214 08211

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium — LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Timonium Fair Grounds

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Richmond
STREET ADDRESS (If rural, give location) 4306 Patterson Ave

3. NAME OF DECEASED (Type or Print): (First) John (Middle) L (Last) Garthright
4. DATE OF DEATH: (Month) Sept (Day) 1 (Year) 1954
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH Sept 14 1878
9. AGE Last birthday 75 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse trainer
10b. KIND OF BUSINESS OR INDUSTRY Race track
11. BIRTHPLACE (State or foreign country) Richmond Va
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Samuel L. Garthright
14. MOTHER'S MAIDEN NAME Martha E. Woodward
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service) Yes
16. SOCIAL SECURITY No. ?
17. INFORMANT AND ADDRESS Mrs. L. Garthright - Richmond Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart disease, vascular; coronary occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Rollin L. Hudson (Degree or title) MD - DMD — ADDRESS Towson Md — DATE SIGNED 9/1/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 9-4-1954 — NAME OF CEMETERY OR CREMATORY Hollywood — LOCATION (City, town, or county) (State) Richmond Va

DATE REC'D BY LOCAL REG. Sept. 4, 1954 — REGISTRAR'S SIGNATURE Mabel C. Gray — 24. FUNERAL DIRECTOR John Burns & Son — ADDRESS 610 York Rd Towson 4

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08212

08159 **CERTIFICATE OF DEATH** Reg. Dist. No. . . ...

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arbutus
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5536 Willys Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus.
STREET ADDRESS (If rural give location) 5536 Willys Ave

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Clara C. Gibbons

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 25 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: July 6 1866 | 9. AGE last birthday 88 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James H. Gibbons | 14. MOTHER'S MAIDEN NAME: Elizabeth A. Robinson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Sarah E. Gibbons

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hypertensive A.S.C.V.D. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Generalized Arteriosclerosis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/4, 1953 to 9/25, 1954 that I last saw the deceased alive on 9/25, 1954, and that death occurred at 7:10 A.M., from the causes and on the date stated above.

SIGNATURE John C. Healey M. D. ADDRESS Halethorpe Md DATE SIGNED 9/25/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9-27-54 | NAME OF CEMETERY OR CREMATORY St. Paul's Church Cem. | LOCATION (City, town, or county) (State) Prince George County, Md

DATE REC'D BY LOCAL REGISTRAR 9-24-54 | REGISTRAR'S SIGNATURE A.W. Hedrich dmr. | 24. FUNERAL DIRECTOR ADDRESS Joseph T. Amrose 1328 Sulphur Spring Rd.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08213

08215

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 718 N. Payson Street Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) M. (Last) GIBSON

4. DATE OF DEATH: (Month) (Day) (Year) September 4, 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 8-8-10

9. AGE last birthday 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor

10B. KIND OF BUSINESS OR INDUSTRY: Insurance Co.

11. BIRTHPLACE (State or foreign country): Atlantic City, New Jersey

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John W. Gibson

14. MOTHER'S MAIDEN NAME: Marie Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 212-12-5548

17. INFORMANT & ADDRESS Clin.Rec.Vet.Adm.Hospital,Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) SUBACUTE NEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Aug. 28, 1954, to Sept. 4, 1954, ~~the date I saw the deceased~~ and that death occurred at 7:15 AM, from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. ADDRESS M. D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 9-4-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Sept 7-54 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 9-7-54 — REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS James A. Hayes Funeral Home 638 N. Gilmor Street, Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08216 08214

CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE WRITE PITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): LEAH E. GILTZ

2. DATE OF DEATH: SEPT. 3, 1954

3. PLACE OF DEATH: A. Baltimore City—Maryland CATONSVILLE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SPRING GROVE HOSP.

c. Length of stay in ~~Baltimore~~ CATONSVILLE: 4 Yrs. MOS 14 DAYS Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE MD. B. COUNTY ANNE ARUNDEL
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HARMONS
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	WIDOWED	12/27/1860	93		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: REASON HARMON
14. MOTHER'S MAIDEN NAME: CHARLOTTE GRIFFITH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. UNKNOWN.
17. INFORMANT ADDRESS HOSPITAL RECORDS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) ARTERIOSCLEROTIC HEART DISEASE — ?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
DUE TO (B) ARTERIOSCLEROSIS (ADVANCED GENERALIZED) — ?
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. NONE

19A. DATE OF OPERATION —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED —
IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
20. AUTOPSY? YES ☐ NO ☒

22. I hereby certify that I attended the deceased from April 20, 1954, to Sept. 3, 1954, that I last saw the deceased alive on Sept. 3, 1954, and that death occurred at 12 M., from the causes and on the date stated above.

23A. SIGNATURE Charles Ward M. D.
23B. ADDRESS Spring Grove Hosp.
23C. DATE SIGNED 9/3/54

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24B. DATE SEPT. 6, 1954
24C. NAME OF CEMETERY OR CREMATORY FRIENDSHIP.
24D. LOCATION (City, town, or county) (State) OLD CAMP MEADE ROAD A.A.Co. MD

DATE RECEIVED BY LOCAL REGISTRAR Sept 4, 1954
REGISTRAR'S SIGNATURE W. E. Harvey
25. FUNERAL DIRECTOR D. W. Singleton
ADDRESS New Burnie Md.

VS 150

L. J. D'Aethomt.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08215

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard,
LENGTH OF STAY (in this place) 47 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 516 S. Elwood Avenue

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) S. (Last) GRAL Also: GORALSKI

4. DATE OF DEATH: (Month) (Day) (Year) September 2, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 4/5/96

9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Transit Work

10B. KIND OF BUSINESS OR INDUSTRY: Balto. Transit Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown John Goralski

14. MOTHER'S MAIDEN NAME: Frances Majerewicz Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 213-10-0429 Unknown

17. INFORMANT & ADDRESS: Mrs. Josephine Goralski 516 S. Ellwood Ave Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 47 DAYS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE — 16 MONTHS

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1954, to Sept. 2, , 1954, that ~~I saw the deceased~~ ~~last alive on~~ and that death occurred at 6:55 P.M., from the causes and on the date stated above.

SIGNATURE FRANCIS G. DICKEY, M.D. ADDRESS Chief, Medical Service VAH, FORT HOWARD, MARYLAND DATE SIGNED 9/3/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Sept, 6-1954 — NAME OF CEMETERY OR CREMATORY St. Stanislaus — LOCATION (City, town, or county) (State) Dundalk, Maryland

DATE REC'D BY LOCAL REGISTRAR 9-3-54 — REGISTRAR'S SIGNATURE A W Bedingfield

24. FUNERAL DIRECTOR ADDRESS George Weber Funeral Home 705 South Ann St., Balto., Md.

08155

MARYLAND STATE DEPARTMENT OF HEALTH

08216

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY BALTO. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK | LENGTH OF STAY (In this place) 63 YRS | MARYLAND | HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 DUNDALK AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md | COUNTY BALTO. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22 | STREET ADDRESS (If rural, give location) 10 DUNDALK AVE.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) JANE (Last) HAGGERTY

4. DATE OF DEATH: (Month) 9- (Day) 2- (Year) 54 19

5. SEX: FEM.

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED

8. DATE OF BIRTH: 3-15-1868

9. AGE last birthday: 86 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): PENNA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANK CONVEY

14. MOTHER'S MAIDEN NAME: MARY J. CONVEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MRS WALTER KANE - SAME ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis Chronic

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Vascular Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: 10 YRS.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY HOME | (CITY OR TOWN) DUNDALK, (COUNTY) BALTIMORE, (STATE) Md.

TIME OF INJURY (Month) 9 (Day) 2 (Year) 54 (Hour) P m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. J. Davis MD (Degree or title) Dist. Med. Ex. ADDRESS Middle River Md DATE SIGNED 9/4/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF 9-6-54 | NAME OF CEMETERY OR CREMATORY HOLY REDEEMER | LOCATION (City, town, or county) BALTIMORE, (State) Md.

DATE REC'D BY LOCAL REG. Sept 4-1954 | REGISTRAR'S SIGNATURE William M. Kelly | 24. FUNERAL DIRECTOR Walter Bunke Bradley | ADDRESS Dundalk, Md.

SEP 7 1954
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08217

08218 CERTIFICATE OF DEATH Reg. Dist. No. 35

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, WHITE HALL
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WHITE HALL
STREET ADDRESS (If rural give location) WHITE HALL

3. NAME OF DECEASED: (Type or Print) (First) LLOYD (Middle) EDWIN (Last) HAMMOND

4. DATE OF DEATH: (Month) 9 (Day) 11 (Year) 1954

5. SEX: M

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 7-27-1868

9. AGE last birthday: 86 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) FARMER

10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): FREDERICK, MD

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: THOMAS HAMMOND

14. MOTHER'S MAIDEN NAME: AGNES HILL

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16 SOCIAL SECURITY No:

17. INFORMANT & ADDRESS: Eva Mitchell Stewartstown R01, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible] DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) [illegible] DUE TO

(c)

Interval Between Onset And Death
Immediate cause: Several days
Antecedent causes: 15 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible] 5 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Sept 4, 1954, that I last saw the deceased alive on Sept 4, 1954, and that death occurred at 12 Noon 9/11/54, from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS Stewartstown Pa. DATE SIGNED 9/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 9-14-54 NAME OF CEMETERY OR CREMATORY PINE GROVE LOCATION (City, town, or county) WHITEHALL BALTO Co., MD (State)

DATE REC'D BY LOCAL REGISTRAR 9-13-54 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Kenneth V. Auburn ADDRESS Stewartstown Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 1934
BUREAU V. S.

08219

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 08218

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Owings Mills.
STREET ADDRESS (If rural, give location) Reisterstown Rd.

3. NAME OF DECEASED: (Type or Print) (First) EDWIN (Middle) HAROLD (Last) HARD.

4. DATE OF DEATH (Month) Sept (Day) 24 (Year) 1954

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married.

8. DATE OF BIRTH: may 1, 1882

9. AGE last birthday: 72. yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Clerk.

10b. KIND OF BUSINESS OR INDUSTRY: John Hopkins Univ.

11. BIRTHPLACE (State or foreign country): Brooklyn, N. Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Hard.

14. MOTHER'S MAIDEN NAME: Theresa Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no. (If Yes, give war or dates of service) no.

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Miss Katherine A. Hard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Bronchogenic Carcinoma — Interval Between Onset and Death: 6 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Pernicious Anemia — 20 yrs.

19a. DATE OF OPERATION: aug '53

19b. MAJOR FINDING OF OPERATION: Pernicious Anemia (Exploratory Lap aug '53)

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. None

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY None.

21c. (City or town) (County) (State)

21d. TIME (Month) OF INJURY None. (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐ None.

21f. HOW DID INJURY OCCUR? None.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE S. D. Caples M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Sept 24 '54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9/28/54 — NAME OF CEMETERY OR CREMATORY Lorraine Cemetery — LOCATION (City, town, or county) (State) Woodlawn, Maryland

DATE REC'D BY LOCAL REG. 9-27-54 — REGISTRAR'S SIGNATURE A.W. Reduce — 24. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1211 St. Paul St.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08219

CERTIFICATE OF DEATH

08220

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: REISTERSTOWN
MARYLAND LENGTH OF STAY (in this place): 10 MOS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 633 BEVERLY RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD. COUNTY: BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: REISTERSTOWN
STREET ADDRESS (If rural give location): 633 BEVERLY RD.

3. NAME OF DECEASED: (Type or Print) (First) GARY (Middle) DOUGLAS (Last) HARE

4. DATE OF DEATH: (Month) SEPT. (Day) 18 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 11-17-1951

9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: CHARLES P. HARE

14. MOTHER'S MAIDEN NAME: RUTH ABEL

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: MR. C. P. HARE ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure, due to pul. infection — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Fibrocystic disease of pancreas — Congenital

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2, 1952, to 9/18, 1954, that I last saw the deceased alive on 9/19, 1954 and that death occurred at 1:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Helen Lee Quelle M.D. ADDRESS: 4E. 33rd St Balto. 18 Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL DATE THEREOF: 9-21-54 NAME OF CEMETERY OR CREMATORY: CEDAR HILL LOCATION (City, town, or county): BALTO. CO. (State): MD.

DATE RECD BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: H. W. JENKINS & SONS CO. ADDRESS: 4905 YORK ROAD BALTO., MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08220

03321 CERTIFICATE OF DEATH Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2902 Willoughby Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
STREET ADDRESS (If rural give location) 2902 Willoughby Road

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Hilma L. (Last) Hargrave
4. DATE OF DEATH: (Month) Sept (Day) 12 (Year) 1954
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Oct. 7 1870
9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? /

13. FATHER'S NAME: Carlson
14. MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Hilma Kiel, 2902 Willoughby Road #14

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Marked degeneration of Malnutrition, DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cancer & Cirrhosis DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Sept, 1954, that I last saw the deceased alive on 9/11/54, and that death occurred at 7:00 pm, from the causes and on the date stated above.
SIGNATURE (Degree or title) Frank C. Kauk, Jr. M.D.
ADDRESS 9005 Harford Rd.
DATE SIGNED 9/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-15-1954
NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 9-13-54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Leonard J. Ruck
ADDRESS 5305 Harford Road #14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08222

08222

Item 9 Film G169 9-10-54 er

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

1. PLACE OF DEATH:
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
MARYLAND
LENGTH OF STAY (in this place) 66 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 708 S. Baylis Street

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) L. (Last) HEIMBACH

4. DATE OF DEATH (Month) (Day) (Year) September 4, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/24/94

9. AGE last birthday 59 (66) yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern Owner

10B. KIND OF BUSINESS OR INDUSTRY: Tavern

11. BIRTHPLACE (State or foreign country): Highlandtown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Conrad Heimbach

14. MOTHER'S MAIDEN NAME: Marie Nuth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. unknown

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Fort Howard, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) ARTERIOSCLEROTIC HEART DISEASE	UNKNOWN
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) BRONCHOGENIC CARCINOMA	UNKNOWN
DUE TO	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from June 30, 1954 to Sept. 4, 1954, that I last saw the deceased alive on [illegible] and that death occurred at 6:25P M, from the causes and on the date stated above.

SIGNATURE ADDRESS DATE SIGNED

DAVID W. PARKE, M.D. David W. Parke M.D. VAH, FORT HOWARD, MARYLAND 9/4/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9/8/54

NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 9/7/54

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS John G. Connelly Funeral Director 118 Eastern Avenue, Balto 21, Md.

08223

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08223 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EDGEMERE (22) (19)
LENGTH OF STAY (in this place): 5 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2401 S. Snyder Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY: BALTIMORE
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: EDGEMERE (22) (19)
STREET ADDRESS (If rural, give location): 2401 S. Snyder Avenue

3. NAME OF DECEASED: (Type or Print) (First) JACQUELINE (Middle) LEA (Last) HELLER

4. DATE OF DEATH (Month) (Day) (Year): September 27 1954

5. SEX: FEM.

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: JULY-2-53

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): FLORIDA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: DONALD W. HELLER

14. MOTHER'S MAIDEN NAME: MYRA M. MAPLES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: DONALD W. HELLER — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CRUSHING INJURY OF HEAD — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY driveway

21c. (City or town) (19) Edgemere (22) **(County)** Baltimore **(State)** Maryland

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9/27/54 2:50 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Run over by milk truck

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: William Howell M. D.

CHIEF MEDICAL EXAMINER / DEPUTY MEDICAL EXAMINER / ASSISTANT MEDICAL EXAM.

DATE SIGNED: Sept. 28, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 9-29-54

NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL

LOCATION (City, town, or county) (State): BALTO. Md.

DATE REC'D BY LOCAL REG.: Sept. 30-54

REGISTRAR'S SIGNATURE: Dawson L. Harbor

24. FUNERAL DIRECTOR: Walter Brooke Bradley

ADDRESS: Glyndon, Md.

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08224

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08224

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: BALTIMORE — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE — LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 508 LAFAYETTE AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
STREET ADDRESS (If rural, give location): 508 LAFAYETTE AVE.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) J. (Last) HENKEL JR.

4. DATE OF DEATH: (Month) SEP. (Day) 16 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: MAY 21, 1911

9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK

10b. KIND OF BUSINESS OR INDUSTRY: MONARCH LINER

11. BIRTHPLACE (State or foreign country): BALTIMORE MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CHARLES J. HENKEL SR.

14. MOTHER'S MAIDEN NAME: LILLIAN MAY HACKTEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-12-0719

17. INFORMANT AND ADDRESS: MRS LILLIAN HENKEL, 508 LAFAYETTE AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Secondary anemia, general cachexia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Squamous carcinoma of the urinary bladder

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan. 12, 1954

19b. MAJOR FINDINGS OF OPERATION: Squamous carcinoma of urinary bladder

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 12, 1954, to Sept. 16, 1954, that I last saw the deceased alive on Sept. 16, 1954, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

SIGNATURE: Dwight Harry Tull (Degree or title) ADDRESS: 4116 Edmondson Avenue DATE SIGNED: 9/17/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: SEP. 20/54 — NAME OF CEMETERY OR CREMATORY: WESTERN CEMETERY — LOCATION (City, town, or county) (State): BALTIMORE MD.

DATE REC'D BY LOCAL REG.: September 18. 1954 — REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Harry A. Smith — ADDRESS: 1101 EDMONDSON AVE.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08225

08225

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

1. PLACE OF DEATH.
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 130 N. Beechwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural give location) 120 N. Beechwood Ave.

3. NAME OF DECEASED: (Type or Print) (First) BLANCHE (Middle) MARTHA (Last) HESS

4. DATE OF DEATH: (Month) Sept. (Day) 27 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 8, 1889

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Chase

14. MOTHER'S MAIDEN NAME: Jane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) none

17. INFORMANT & ADDRESS: Mr. John M. Hess - 120 Beechwood Ave. #28

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10a.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary Sclerosis — 5 yr.

DUE TO (C) Hypertensive Cardio-Vascular Disease — 10 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-17, 1953 to 9-27, 1954, that I last saw the deceased alive on 9-24, 1954, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE Wilmer K. Gallagher M. D. ADDRESS Catonsville 28, Md. DATE SIGNED 9-27-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Entombment

DATE THEREOF 9/29/54

NAME OF CEMETERY OR CREMATORY Lorraine Cem.

LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 28/54

REGISTRAR'S SIGNATURE Alex. Hedrick

24. FUNERAL DIRECTOR Wm. J. Grokett & Sons

ADDRESS Catonsville, Md.

08226

08226 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. [illegible]C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 24 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS SpringGroveStateHospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 116 W. Pratt St.

3. NAME OF DECEASED: (First) Daniel (Middle) B. (Last) HESS

4. DATE OF DEATH (Month) Sept. (Day) 19, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Aug. 8, 1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Fireman

10b. KIND OF BUSINESS OR INDUSTRY: F???

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hill Hess

14. MOTHER'S MAIDEN NAME: Belinda ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Records- SpringGroveStateHospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Chronic congestive-decompensatory heart failure	2 mo. plus
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Chronic cardiorenal disease	years
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary abscesses — 2 months

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Leo J. McKiernan M. D. 1010 Cedarcroft CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 9/19/54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF Sept 2 1954 NAME OF CEMETERY OR CREMATORY Lorraine Park Memorial LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 9/22/54 REGISTRAR'S SIGNATURE C W Hedrick 24. FUNERAL DIRECTOR Wm Lotz Inc ADDRESS 1217 Druid Park

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08227

08227

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 66 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural give location) 1031 EASTERN AVENUE

3. NAME OF DECEASED: (First) LOUIS (Middle) B. (Last) HOLZKNECHT

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 17 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: 6/7/76

9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: ICE CREAM PLANT

11. BIRTHPLACE (State or foreign country): AUSTRIA

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: JACOB HOLZKNECHT

14. MOTHER'S MAIDEN NAME: POSE (UNKNOWN)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT & ADDRESS: CLIN.REC.,VET.ADM.HOSP.,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) ACUTE CORONARY THROMBOSIS	HOURS
ANTECEDENT CAUSE (S)	DUE TO GENERALIZED ARTERIOSCLEROSIS	UNKNOWN
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	CHRONIC PASSIVE CONGESTION OF LUNGS	UNKNOWN

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from JULY 13, 1954, to SEPT 17, 1954, and that death occurred at 1:00AM, from the causes and on the date stated above.

SIGNATURE JAMES J. NOLAN, M.D. James J Nolan M.D.

ADDRESS VAH FT. HOWARD, MD

DATE SIGNED 9/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 9/20/54

NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY

LOCATION (City, town, or county) (State) 1300 HORNER'S LANE, BALTO.MD

DATE REC'D BY LOCAL REGISTRAR 9-20-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR JOHN G. CONNELLY

ADDRESS 118 EASTERN AVE. ESSEX, MARYLAND

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS- A15—10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08228

08228

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY IN UNFADING INK. Every item of information should be carefully supplied, correct age is especially int. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Edna Hubbard

2. DATE OF DEATH: Sept 4, 1954

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto Co

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Catonsville 2 mi Spring Grove State Hosp

C. Length of stay in Baltimore: 6 Months (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md B. COUNTY Baltimore City

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 3508 4th St

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	Widowed	Aug 15 1893	61		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Packer	Packing	Md.	U.S.A.

13. FATHER'S NAME: George Ackerman

14. MOTHER'S MAIDEN NAME: Anna ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
No	Unknown	Hospital Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Central Nervous System — DUE TO Syphilis - Paresis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ... DUE TO

(C) ...

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY?
			YES ☒ NO ☐

21C. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 26, 1954 *to* Sept 4, 1954 *that I last saw the deceased alive on* Sept 4 1954 *and that death occurred at* 8:37 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Frederick E Philips M. D.	Spring Grove Hosp	9/4/54

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
B.	9.8.54	Greenmount Here	Balto

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
9-7 54	A W Frederick	Lawrence L. Dulaney

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08229 CERTIFICATE OF DEATH Reg. Dist. No. 08229

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1629 Eastern Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Essex R1 Md.
STREET ADDRESS (If rural give location) 1629 Eastern Ave

3. NAME OF DECEASED: (Type or Print) (First) AGNES (Middle) (Last) HUNTINGTON
4. DATE OF DEATH: (Month) Sept (Day) 14 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: 3/2/72
9. AGE last Birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Dept Store
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George McLaughlin
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 084-07-5945
17. INFORMANT & ADDRESS: Catherine C. Daily 306 Liberty Rd

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Cerebral apoplexy DUE TO — Interval Between Onset And Death: 3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardio-Vascular disease DUE TO — 2 yrs
(c)
4321

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1954 to Sept 19, 1954 that I last saw the deceased alive on Sept 19, 1954, and that death occurred at 1:15, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J M Baumgartner MD Balto 6 Md. 9/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 9/22/54 New Cathedral Balto Md
DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS
J Brydgmide 1407 Eastern Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08230

08230

CERTIFICATE OF DEATH

Reg. Dist. No. .....

Item 9, Film 171 10-7-54 et

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY: BALTIMORE

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WOODLAWN

LENGTH OF STAY (in this place): 35 YRS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: IN REAR OF 6500 WINDSOR MILL ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MARYLAND COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WOODLAWN MD

STREET ADDRESS (If rural give location): WINDSOR MILL RD

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) AUGUST (Last) JACOBS

4. DATE OF DEATH: (Month) 9 (Day) 10 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 12/22/1875

9. AGE last birthday: HH 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): PAINTER

10b. KIND OF BUSINESS OR INDUSTRY: BETH STEEL

11. BIRTHPLACE (State or foreign country): BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John A Jacobs

14. MOTHER'S MAIDEN NAME: ? Ruhl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 319-18-9537

17. INFORMANT & ADDRESS: REAR OF Mary C. Jacobs 6500 WINDSOR MILL RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebral Apoplexy	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arterio Sclerotic Cardio Vascular Disease	3 years
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11, 1937, to Sept. 10, 1954, that I last saw the deceased alive on Sept 9, 1954, and that death occurred at 3:15 PM., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joshua H. Armacost M.D. ADDRESS: 6419 Windsor Mill Rd Baltimore 7 DATE SIGNED: 9/11/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL DATE THEREOF: 9/13-1954 NAME OF CEMETERY OR CREMATORY: LORRAINE PARK CEM LOCATION (City, town, or county) (State): WINDSOR MILL RD

DATE REC'D BY LOCAL REGISTRAR: 9/14/54 REGISTRAR'S SIGNATURE: August Ronsell mnt.

24. FUNERAL DIRECTOR ADDRESS: Charles P. Towell 6411 Windsor mill RD.

08231 MARYLAND STATE DEPARTMENT OF HEALTH 08231

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere — LENGTH OF STAY (in this place) 19
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
STREET ADDRESS (If rural, give location) 2534 Sycamore Ave

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Jones (Last) J
4. DATE OF DEATH: (Month) September (Day) 11th (Year) 1954

5. SEX M | 6. COLOR OR RACE Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH December 1875 | 9. AGE last birthday 78 yrs. | If under 1 year: Months 9, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor | 10b. KIND OF BUSINESS OR INDUSTRY Steel mill | 11. BIRTHPLACE (State or foreign country) Virginia | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown | 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Edna Lee Daughter Edgemere

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 3347 Cerebral apoplexy — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5 '54 to Sept 11th '54, that I last saw the deceased alive on Sept 11th 1954, and that death occurred at 8.50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. P. Sherman M.D. 107 N. Main St Butler 9/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Sept 14 1954 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Roswell Va

DATE REC'D BY LOCAL REG. 9-14-54 | REGISTRAR'S SIGNATURE A. W. Hedrick M.D. | 24. FUNERAL DIRECTOR ADDRESS Mrs. Robt. G. Elliott Daughter 1129 N. Caroline St.

MARYLAND 08232

08232

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLTH UNFADING INK. Every item of information should be carefully supplied. correct age is especiant. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): Emma A. Jones

2. DATE OF DEATH: Sept 4, 1954

3. PLACE OF DEATH:
A. Baltimore City, Maryland 2900 Emerald Road
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore County CARNEVILLE
c. Length of stay in Baltimore — Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township.): Baltimore CARNEVILLE
D. STREET ADDRESS (If rural, give location): 2900 Emerald Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours, Min.
F	White	Widow	March 23, 1870	84			

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Zürich Switzerland	U.S. B

13. FATHER'S NAME: Henry J Staub

14. MOTHER'S MAIDEN NAME: Albertina Suter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT — ADDRESS: Mrs. Lillian Frymoyer 2900 Emerald Rd.

AL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) arteriosclerotic CVD.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY?
			YES ☐ NO ☐

22. *I hereby certify that I attended the deceased from* June, 1954 *to* Sept 4, 1954, *that I last saw the deceased alive on* Sept. 3, 1954, *and that death occurred at* 6 0% *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Paul E. Jost M. D.	8100 Harford rd.	9/5/54

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Sept7.1954	Cedar Grove	New Bern North Carolina

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR — ADDRESS
SEP 5 1954	Huntington Williams, M.D. Leila M. Bacon	William Cook, Inc. 1217 St Paul Street.

VS 150

SEP 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08233

08233 **CERTIFICATE OF DEATH** Reg. Dist. No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print) Fanny D. Jones

2. DATE OF DEATH 9-11-54

3. PLACE OF DEATH
A. Baltimore City, Maryland Catonsville Md
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Spring Grove St. Hosp. Cat. P.O. Md.
c. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3rd
D. STREET ADDRESS (If rural, give location) 3[illegible]

5. SEX f
6. COLOR OR RACE w
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W
8. DATE OF BIRTH 4-23-1870
9. AGE (In years last birthday) 84 If Under 1 Year: Months, Days. If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Canada
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Rev. Christopher Denlocker
14. MOTHER'S MAIDEN NAME Hannah Burgess

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Minnie Caroline [illegible] ADDRESS [illegible]

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pneumonia bronchial DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Advanced art[illegible] DUE TO
(C) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
20. AUTOPSY? YES ☐ NO ☐

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-[illegible]-54, to 9-11-54, that I last saw the deceased alive on 9-[illegible]-54, and that death occurred at 1:[illegible] a.m., from the causes and on the date stated above.

23A. SIGNATURE [illegible] M. D.
23B. ADDRESS Spring Grove [illegible]
23C. DATE SIGNED 9-11-54

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 9/13/54
24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem
24D. LOCATION (City, town, or county) (State) Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR 9-12-54
REGISTRAR'S SIGNATURE V. E. Harris
25. FUNERAL DIRECTOR E. N. Lamoreau
ADDRESS 4570 Liberty Heights

08234

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 08231

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place) 11 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 309 Greenlow Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 309 Greenlow Road

3. NAME OF DECEASED: (First) Ira (Middle) A (Last) Jordan

4. DATE OF DEATH (Month) (Day) (Year) 9-14 1954

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Feb. 26, 1902

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Real Estate Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Staunton Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph P Jordan

14. MOTHER'S MAIDEN NAME: Almira C Lightfoot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-10-8018

17. INFORMANT & ADDRESS: Mrs. Freyd Jordan, Catonsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Gun shot wound right

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) temple of head, self inflicted

DUE TO

(c) 25 Caliber German automatic

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Suicide

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home

21c. (City or town) Catonsville (County) Balto. (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Sept. 14, 54 9 a.m.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? Shot in head revolver by self

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Homicide ☐, Undetermined cause ☐.

SIGNATURE Jos. M. Kieffer M. D. 1010 Lendon

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED Sept 14 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 9-14-54; NAME OF CEMETERY OR CREMATORY Druid Ridge; LOCATION (City, town, or county) Pikesville (State) Md

DATE REC'D BY LOCAL REG. 9/16/54; REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR D. O'Regan Bothom; ADDRESS Ellicott City Md

SEP
BUREAU V. S

08235 MARYLAND STATE DEPARTMENT OF HEALTH 08235

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTO — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS 413 MARYLAND AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY BALTO. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX — STREET ADDRESS (If rural, give location) 413 MARYLAND AVE

3. NAME OF DECEASED (Type or Print): (First) REINHOLD (Middle) K (Last) KANNENBERG

4. DATE OF DEATH: (Month) SEPT. (Day) 3 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: MAY 26 - 1889

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY: RHEEMS

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BERNARD KANNENBERG

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: YETTA KANNENBERG. SAME ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

Interval Between Onset and Death: — — —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Ht. Hernia - gen — 4 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 9/6/54 — NAME OF CEMETERY OR CREMATORY: MEADOWRIDGE — LOCATION (City, town, or county) (State): WASH. BLVD. MD.

DATE REC'D BY LOCAL REG.: 9/7/54 — REGISTRAR'S SIGNATURE: Edith Hurley

24. FUNERAL DIRECTOR: John J. Connelly — ADDRESS: ESSEX MD.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08236

08236

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Lutherville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: College Manor Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 3170 Ravenwood Avenue

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): Miss. Lula Louise Keidel

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 23, 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Feb. 8, 1893

9. AGE last birthday: 61 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Keidel

14. MOTHER'S MAIDEN NAME: Barbara Weitzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Frank Keidel, 3170 Ravenwood Avenue #1b

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4167

IMMEDIATE CAUSE (A) DUE TO: Congestive failure — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSE (B) DUE TO: Rheumatic heart disease — yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1954, to 9/22, 1954, that I last saw the deceased alive on 9/22, 1954, and that death occurred at 2:40 AM, from the causes and on the date stated above.

SIGNATURE M. D. Ernest C. Brown — ADDRESS — DATE SIGNED 9/23/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Sept. 27, 1954 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 9-24-54 — REGISTRAR'S SIGNATURE: C. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck, 5305 Harford Road #14

Dr. Ernest Brown
1101 N. Calvert Street
till12 noon

08237

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 08237

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Railroad Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) Railroad Ave.

3. NAME OF DECEASED: (Type or Print) (First) DENISE (Middle) (Last) KING

4. DATE OF DEATH (Month) 9 (Day) 24 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: May 3 1954

9. AGE last birthday: yrs. 2 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Steven King

14. MOTHER'S MAIDEN NAME: Sylvia Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT'S ADDRESS: Mrs. Sylvia King 320 Railroad Ave. Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 241.0

Immediate cause (a) Bilateral Acute Otitis Media — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c) .....

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. .....

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. B. Fisher M. D. CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9/25/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9.27.54 — NAME OF CEMETERY OR CREMATORY Pleasant Rest — LOCATION (City, town, or county) (State) Govans, Md.

DATE REC'D BY LOCAL REG. 9-27-54 — REGISTRAR'S SIGNATURE O.W. Hebeler Deputy

24. FUNERAL DIRECTOR Sigmund Sykes ADDRESS 1631 Druid Hill Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08238

08160

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HALETHORPE
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1716 CARROLL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HALETHORP
STREET ADDRESS (If rural give location) 1716 CARROLL AVE

3. NAME OF DECEASED: (Type or Print) (First) ETHEL (Middle) LEE (Last) KNAUER

4. DATE OF DEATH: (Month) SEPT. (Day) 11 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED
8. DATE OF BIRTH: NOV. 4 1886
9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIAM MARKS
14. MOTHER'S MAIDEN NAME: CATHERINE THEFLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-16-0614
17. INFORMANT & ADDRESS: MRS. ETHEL LOWMAN 1716 CARROLL AVE.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 mth

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertensive cardiovascular disease — 5 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus — 5 yrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. , 1949, to Sept 11, 1954, that I last saw the deceased alive on Sept. 11 , 1954, and that death occurred at 10:15 A M, from the causes and on the date stated above.

SIGNATURE G Bradley Daugharty M. D. ADDRESS 1264 Francis Ave DATE SIGNED Sept 12, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept. 14, 1954
NAME OF CEMETERY OR CREMATORY Parks
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 9-13-54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08238 **CERTIFICATE OF DEATH** 08239

Reg. Dist. No. .....

PLEASE TYPE OR WHITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1163 W. Hamburg. Street

3. NAME OF DECEASED: (Type or Print) (First) WILBUR (Middle) F. (Last) LENTZ, SR.

4. DATE OF DEATH: (Month) (Day) (Year) September 2 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-23-85

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10B. KIND OF BUSINESS OR INDUSTRY: House (Exterior)

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Louis Lentz

14. MOTHER'S MAIDEN NAME: Lucinda MN: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 219-07-5944

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hospital,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) GLIOMA OF BRAIN — INTERVAL BETWEEN ONSET AND DEATH: 2 MONTHS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 9-1-54

19B. MAJOR FINDINGS OF OPERATION: Bilateral trephine, ventriculogram Removal of Brain Tumor Left Parietal Region

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 31, 1954, to Sept. 2, 1954, and that death occurred at 1:00 AM, from the causes and on the date stated above.

SIGNATURE Joseph M. Miller — ADDRESS — DATE SIGNED

JOSEPH M. MILLER, M.D., Chief, Surgical Service VAH, FORT HOWARD, MARYLAND 9-2-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 9/6/54

NAME OF CEMETERY OR CREMATORY: Meadowridge Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR AND ADDRESS: Schimunek Funeral Home, 2601 E. Madison St. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08240

08239 CERTIFICATE OF DEATH Reg. Dist. No. 45

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) ✓ LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Same. ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Essex / Balto 21 Md.
STREET ADDRESS (If rural give location) Box 660 Essex Md.

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) E. (Last) Linthicum
4. DATE OF DEATH: (Month) Sept. (Day) 28 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	W.	married	Jan. 13 1871	83 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas T. Jones.
14. MOTHER'S MAIDEN NAME: Evangeline Slocum

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT & ADDRESS: Mrs Harold Bates - Box 660 - Balto 21 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardio-Vascular disease — 1 yr
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 23, 1954, to Sept 28, 1954, that I last saw the deceased alive on Sept 27, 1954, and that death occurred at 2:10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Joseph Mirch MD	423 Eastern Ave Essex 21 Md	9/28/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct 1 - 1954	Trinity Cemetery	Dorchester Co.	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/28/54	Edith Hurley	Le Compte Funeral Home	Cambridge Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 30 1954
BUREAU V. S.

08240 **MARYLAND STATE DEPARTMENT OF HEALTH** 08241

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place): 14 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1001 West Joppa Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 1001 West Joppa Rd.

3. NAME OF DECEASED (Type or Print): (First) Sister Mary Christina (Middle) (Last) (Lopez)

4. DATE OF DEATH (Month) (Day) (Year): Sept. 22, 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: 8/2/1895

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nun

10b. KIND OF BUSINESS OR INDUSTRY: Convent

11. BIRTHPLACE (State or foreign country): Cabo Rojo, Puerto Rico

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Vincente Lopez

14. MOTHER'S MAIDEN NAME: Carmen Zapata

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY NO. (If yes, give war or dates of service): none

17. INFORMANT AND ADDRESS: Convent records, 1001 W. Joppa Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Pulmonary Edema — 30 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardio Renal

(c) Vascular Disease — 10 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 19[illegible], to Sept 22, 1954, that I last saw the deceased alive on Sept 22, 1954, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles F. O'Donnell MD — ADDRESS: 7501 York Rd Towson — DATE SIGNED: 9/23/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Sept. 25, 1954 | NAME OF CEMETERY OR CREMATORY: Convent Cemetery | LOCATION (City, town, or county) (State): 1001 W. Joppa Rd. Towson, Md.

DATE REC'D BY LOCAL REG.: 9-24-54 | REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: C. Vernon Lemmon — ADDRESS: 4611 Park Heights Ave Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08242

08156 # CERTIFICATE OF DEATH Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) COLGATE
LENGTH OF STAY (in this place) 30 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7145 EAST BROOK AV.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) COLGATE
STREET ADDRESS (If rural give location) 7145 EAST BROOK AVE

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) C. (Last) Mc GRANE

4. DATE OF DEATH: (Month) SEPT (Day) 13 (Year) 19 54

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: AUG 16 1900

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): DELAWARE

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL HALL

14. MOTHER'S MAIDEN NAME: MARGARET MORRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: THOS. F. McGRANE 7145 EASTBROOK

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 442X DUE TO Cerebral Accident. Interval Between Onset And Death 48 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Hypertensive Cardio-Vascular Renal 10 yrs.
(c) Disease

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 10, 1954, to Apr 13, 1954, that I last saw the deceased alive on Apr 12, 1954, and that death occurred at 4:40 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 9/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL DATE THEREOF SEPT 13-1954 NAME OF CEMETERY OR CREMATORY RIVERVIEW CEM LOCATION (City, town, or county) WILMINGTON (State) DEL

DATE REC'D BY LOCAL REGISTRAR Sept 13-1954 REGISTRAR'S SIGNATURE William M. Kelly

24. FUNERAL DIRECTOR ADDRESS ULRICH FUNERAL HOME 4210 BELAIR

09935 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08243

CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—1...3

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2802 Taylor Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
STREET ADDRESS (If rural give location) 2802 Taylor Avenue

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Mrs. Catherine E. Mc Manus

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 13 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 25, 1883

9. AGE last birthday: 71 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Morgerth

14. MOTHER'S MAIDEN NAME: Catherine Flatimash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Thomas H. Mc Manus, 2802 Taylor Ave #14

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Congestive Heart failure

ANTECEDENT CAUSE (B) DUE TO Hypertension Arteriosclerotic Cardio Vasc Dis.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO with Subarachnoid Hemorrhage

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 20 19 53 to Sept 19 54, that I last saw the deceased alive on Sept 13 19 54, and that death occurred at 9 P M, from the causes and on the date stated above.

SIGNATURE Leonard J. Ruck, M. D. ADDRESS 5305 Harford Rd DATE SIGNED SEP 14 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Sept. 17, 1954

NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Leonard J. Ruck, 5305 Harford Road #14 ADDRESS

Dr. Kasik
9005 Harford Road

08241

MARYLAND

STATE DEPARTMETT OF HEALTH

08244

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (In this place) 28
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gwynbrook Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location) Gwynbrook Ave.

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) May (Last) McPhail

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 29, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 28, 1902

9. AGE last birthday: 52 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Connecticut

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles C. Tooker

14. MOTHER'S MAIDEN NAME: Minnie L. Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Colin J. McPhail, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized Carcinomatosis	2 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Adenocarcinoma of Sigmoid Colon	1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 1-6-'54

19b. MAJOR FINDINGS OF OPERATION: annular carcinoma of rectosigmoid junction

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN): none (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none. m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 12-14, 1953, to 9-29, 1954, that I last saw the deceased alive on 9-29, 1954, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE: D. D. Cagler (Degree or title): M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 9-30-'54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Oct. 2, 1954 | NAME OF CEMETERY OR CREMATORY: Westminster | LOCATION (City, town, or county) (State): Westminster, Md.

DATE REC'D BY LOCAL REG. 9-30-54 | REGISTRAR'S SIGNATURE: Mary [illegible], Eline

24. FUNERAL DIRECTOR: J. F. Eline & Sons, Reisterstown, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08245

08242

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville, Md. LENGTH OF STAY (in this place) 53 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 822 Frederick Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville Md.
STREET ADDRESS (If rural give location) 822 Frederick ave

3. NAME OF DECEASED: (Type or Print) (First) CLARA (Middle) MARTHA (Last) MCRSON

4. DATE OF DEATH: (Month) Sept. (Day) 26, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Nov. 5, 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George A. Davis

14. MOTHER'S MAIDEN NAME: Caroline Henrietta Josenhans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Esther H. Whitelatter 822 Frederick Ave. Catonsville

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DIABETES MELLITUS. — INTERVAL BETWEEN ONSET AND DEATH: 10 + yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION 0

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) 0

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 0 M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY, ..., 19 50 to SEPT., 26, 1954, that I last saw the deceased alive on SEPT., 25., 1954, and that death occurred at 7:50 M, from the causes and on the date stated above.

SIGNATURE J. Lloyd Lemon M. D. — ADDRESS 6348 FREDERICK ROAD CATONSVILLE MD — DATE SIGNED 9/27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9/29/54 — NAME OF CEMETERY OR CREMATORY: Meadowridge Mem. Pk. — LOCATION (City, town, or county) (State): Dorsey, Md.

DATE REC'D BY LOCAL REGISTRAR 9/27/54 — REGISTRAR'S SIGNATURE T. E. Harry

24. FUNERAL DIRECTOR — ADDRESS: Easton Sons-608 Frederick Ave.

SEP 2[illegible]
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08246

08243

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH FADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): CATHERINE MINKS

2. DATE OF DEATH: 9/7/54

3. PLACE OF DEATH: A. ~~Baltimore~~ City, Maryland: CATONSVILLE 17/8.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SPRING GROVE HOSP.

C. Length of stay in ~~Baltimore~~ CATONSVILLE: 4 Yrs. 4 Mos. 4 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE MD; B. COUNTY BAN-; C. CITY OR TOWN (If outside corporate limits, write RURAL and give township):

D. STREET ADDRESS (If rural, give location): PINECREST NURSING HOME

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M.

8. DATE OF BIRTH: ? | 9. AGE (In years last birthday): 79 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ? | 10B. KIND OF BUSINESS OR INDUSTRY: ?

11. BIRTHPLACE (State or foreign country): ? | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: HOSPITAL RECORDS ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ARTERIOSCEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) SENILITY — ?

DUE TO

(C) ADVANCED ARTERIOSCLEROSIS — ?

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE ~~DEATH~~ BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. FRACTURE LEFT HIP — 1 YR. 8 MOS.

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): HOSPITAL

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): SPRING GROVE HOSP.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 1 / 1 / 53 - 11A.M.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21F. HOW DID INJURY OCCUR? FT. FELL

22. I hereby certify that I attended the deceased from April 24, 1950 to Sept. 7, 1954 that I last saw the deceased alive on Sept. 7, 1954 and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE: Charles Ward M.D., M. D. | 23B. ADDRESS: Spring Grove Hosp. | 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: 9/8/54 | 24C. NAME OF CEMETERY OR CREMATORY: New Cathedral | 24D. LOCATION (City, town, or county) (State): Old Frederick Rd

DATE RECEIVED BY LOCAL REGISTRAR: 9-7-54 | REGISTRAR'S SIGNATURE: V. E. Harris | 25. FUNERAL DIRECTOR: A. A. Baker Jr. & Sons | ADDRESS: 1218 Linden

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08161

CERTIFICATE OF DEATH

08247 C

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Lansdowne
LENGTH OF STAY (in this place): 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2607 Willow Ave. Lansdowne

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lansdowne
STREET ADDRESS (If rural, give location): 2607 (2610) Willow Ave

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Russell (Last) Moore

4. DATE OF DEATH: (Month) Sept. (Day) 17, (Year) 1954

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb. 5, 1910

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY: A&P Stores

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William H. Moore

14. MOTHER'S MAIDEN NAME: Mildred E. Ogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Grace M. Moore, 2607 Willow Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CARCINOMA OF RECTUM	18 MOS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 5, 1953, to SEPT 17, 1954, that I last saw the deceased alive on SEPT 16, 1954, and that death occurred at 1:40 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

C. Luther Rosberg M.D. 2436 Washington Blvd Balto-3. 9/17/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 9-20-54

NAME OF CEMETERY OR CREMATORY: Western

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Sept 20 54

REGISTRAR'S SIGNATURE: Ber Kreeffer

24. FUNERAL DIRECTOR AND ADDRESS: Howard H. Hubbard, 4107 Wilkens Ave

RECEIVED
SEP 21 19[illegible]
[illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08248

08244

CERTIFICATE OF DEATH

Reg. Dist. No. 4 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—1

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 139 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1927 W. Lexington Street

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) THOMAS (Last) MOORE

4. DATE OF DEATH: (Month) September (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 6/19/87

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 Hrs.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Odd Jobs

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Accomac, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Perry Moore

14. MOTHER'S MAIDEN NAME: Rose Harmarson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 215 05 8024

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) WITH CONGESTIVE HEART FAILURE

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO CEREBRO-VASCULAR ACCIDENT WITH HEMIPLEGIA — 4 MONTHS

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from April 28, 1954 to Sept 14, 1954 and that death occurred at 7:25P M, from the causes and on the date stated above.

SIGNATURE F.G.Dickey — ADDRESS VAH, Fort Howard, Md. — DATE SIGNED 9-16-54

FRANCIS G. DICKEY, M.D., Chief, Medical Service

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 9.21.1954 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 18 1954 — REGISTRAR'S SIGNATURE K.W.

24. FUNERAL DIRECTOR Holland Funeral Home, Baltimore, Maryland — ADDRESS 1631 Druid Hill Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08250

08245

CERTIFICATE OF DEATH

Reg. Dist. No. ..

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stevenson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stevenson Rd. & Halcyon Rd.

2. USUAL RESIDENCE (HOME.) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stevenson
STREET ADDRESS (If rural give location) Stevenson Rd. & Halcyon Rd.

3. NAME OF DECEASED: (Type or Print) (First) LOUIS (Middle) H. (Last) NEUBAUER

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 30, 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 17, 1892

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Setter

10B. KIND OF BUSINESS OR INDUSTRY: Marble

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George A. Neubauer

14. MOTHER'S MAIDEN NAME: Catherine Phillippi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) World War No. 1

16. SOCIAL SECURITY NO. 215-05-0627

17. INFORMANT & ADDRESS: Mrs. Margaret E. Neubauer-Stevenson, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Aug 31, 1953

19B. MAJOR FINDINGS OF OPERATION: Inoperable Carcinoma

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? Sept 30

22. I hereby certify that I attended the deceased from Jan 3, 1952 to Sept 30, 1954, that I last saw the deceased alive on Sept 30 1954, and that death occurred at 1:30 PM, from the causes and on the date stated above.

SIGNATURE M.W. Jacobsen M. D. ADDRESS 2310 Eutaw Place DATE SIGNED Oct 2, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 10/4/54 | NAME OF CEMETERY OR CREMATORY: Lorraine Park Cem. | LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECD BY LOCAL REGISTRAR: Oct 4, 1954 | REGISTRAR'S SIGNATURE: C.A. Hedrick | 24. FUNERAL DIRECTOR: Wm. J. Tichener & Sons ADDRESS: Balto 17 Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08251

08162

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rosemont
LENGTH OF STAY (in this place) 81yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3017 Pennsylvania Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosemont
STREET ADDRESS (If rural give location) 3017 Pennsylvania Ave

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) H. (Last) Norris

4. DATE OF DEATH: (Month) 9 (Day) 25 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 12/26/1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Machinist Helper

10b. KIND OF BUSINESS OR INDUSTRY: Koppers Co.

11. BIRTHPLACE (State or foreign country): Baltimore Co.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Norris

14. MOTHER'S MAIDEN NAME: Caroline Worth

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr William H. Norris 3017 Pennsylvania Ave Rosemont Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Acute Cardiac Failure — 1 da

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerotic Cardio Vascular Disease — 5 yr

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/10 ,19 54 , to 9-25 , 19 54 , that I last saw the deceased alive on 9/25 , 19 54 , and that death occurred at 1:25 Am from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph L Lankenau MD — ADDRESS 429 Washington Blvd — DATE SIGNED 9/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9/28/54 — NAME OF CEMETERY OR CREMATORY London Park Cem. — LOCATION (City, town, or county) 3401 Frederick Ave (State)

DATE REC'D BY LOCAL REGISTRAR 9-27-54 — REGISTRAR'S SIGNATURE H W Frederick Jr — 24. FUNERAL DIRECTOR John J Govan & Son — ADDRESS 90 Hollins

08246 (18252)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place) 3 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 2211 Rogers Ave.

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) V. (Last) O'Neal

4. DATE OF DEATH (Month) Sept. (Day) 29 (Year) 1954

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: June 18 1870 | 9. AGE last birthday: 84 yrs. | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): housework | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John L O'Neal | 14. MOTHER'S MAIDEN NAME: Dorcas Annie Hamm or Linn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT'S ADDRESS: (Name) Spring Grove State Hosp Catonsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Cardiac failure — Interval between onset and death:

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardio vascular disease

DUE TO

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. fracture Left hip + Left wrist

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY hospital | 21c. (City or town) Catonsville (County) Balto (State) Md

21d. TIME OF INJURY (Month) Sept (Day) 4 (Year) 54 (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? fell from Wheel Chair

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Leo McKiernan M. D. 1010 Keelson — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED Sept 29 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 10/2/54 | NAME OF CEMETERY OR CREMATORY Druid Ridge Cem. | LOCATION (City, town, or county) Pikesville, Md. (State)

DATE REC'D BY LOCAL REG. 10-1-54 | REGISTRAR'S SIGNATURE A. C. Hedrick | 24. FUNERAL DIRECTOR Wm. J. Tickner & Sons | ADDRESS Balto. 17, Md.

08253

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08247

CERTIFICATE OF DEATH

Reg. Dist. No. ..

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): NELLIE PALMER

2. DATE OF DEATH: Sept 20 1954

3. PLACE OF DEATH:
A ~~Baltimore City~~, Maryland, Baltimore Co.
B FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gradue Nursing Home
c. Length of stay in Baltimore: Yrs. 1 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, before admission)
A STATE: Maryland
B. COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and name of township): Baltimore
D. STREET ADDRESS (If rural, give location): 1431 Mt Royal Ave

5. SEX: F
6 COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH: Dec 15 1866
9. AGE (In years last birthday): 87 | If under 1 year: Months, Days | If under 1 day: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Queen Anne Co.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jerome Brown
14. MOTHER'S MAIDEN NAME: Anna M. Hall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Henry Cone
ADDRESS: 1431 Mt Royal Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Generalized Arteriosclerosis — years
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION ~~WAS~~ PERFORMED
IF OPERATION WAS RELATED TO CAUSE OF DEATH ENTER IN PART I OR PART II
20. AUTOPSY? YES ☐ NO ☒
21B. TIME OF INJURY (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10 1945, to Sept. 20, 1954, that I last saw the deceased alive on Sept. 20, 1954, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE: Frank N. Ogden M. D
23B. ADDRESS: 2701 N. Calvert St.
23C. DATE SIGNED: Sept. 21, 54

24A. BURIAL, CREMATION, ~~REMOVAL~~ (Specify): Bur
24B. DATE: Sept 22-1954
24C. NAME OF CEMETERY OR CREMATORY: Loraine
24D LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: 9/22/54
REGISTRAR'S SIGNATURE: R W Hedrich
25. FUNERAL DIRECTOR: Wm H. Gill & Sons
ADDRESS: 121 N. Howard St.

08248 08254

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Essex
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 938 Barron Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Arch (Last) Parker

4. DATE OF DEATH (Month) Sept. (Day) 18 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow.

8. DATE OF BIRTH: July 31 1881

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Cotton mills

11. BIRTHPLACE (State or foreign country): Durham N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Parker

14. MOTHER'S MAIDEN NAME: Nancy Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Nancy Faye Keiter (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cancer — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH (a) Immediate (b)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 9-18-1954 9 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE P.M. Clearmine M.D. M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ DATE SIGNED 9-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 9-18-54

NAME OF CEMETERY OR CREMATORY Woodlawn Park

LOCATION (City, town, or county) (State) Durham, North Carolina

DATE REC'D BY LOCAL REG. SEP 19 1954

REGISTRAR'S SIGNATURE Huntington Williams, MD

24. FUNERAL DIRECTOR ADDRESS W.M. Cook Inc. 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08255

08249

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Anneslie
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 2934 E. Balto. st.

3. NAME OF DECEASED: (Type or Print) (First) Alfred (Middle) B. (Last) Peck

4. DATE OF DEATH: (Month) Sept. (Day) 12th (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single

8. DATE OF BIRTH: Oct. 23rd 1892

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metallurgist

10b. KIND OF BUSINESS OR INDUSTRY American Smelting & Refining Co.

11. BIRTHPLACE (State or foreign country): Colorado

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alfred J. Peck

14. MOTHER'S MAIDEN NAME: Karen Peterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Harold E. Peck 865 Greathart Drive Cumberland Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Respiratory paralysis	
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Progressive spinal atrophy	11 months
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Fracture of legs hip

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1947, to 12 Sept. 1954, that I last saw the deceased alive on 12 Sept., 1954, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE: J. Douglas Lockard (DEGREE OR TITLE) M.D. ADDRESS 802 Cathedral St. DATE SIGNED 13 Sept. 1954

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify): Removal
DATE THEREOF 9/14/54
NAME OF CEMETERY ~~OR CREMATORY~~ Alpine
LOCATION (City, town, or county) (State) Perth Amboy, N.J.

DATE REC'D BY LOCAL REG. 9-13-54
REGISTRAR'S SIGNATURE H. W. Hedrick
24. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1217 St. Paul st.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08256

08250 CERTIFICATE OF DEATH Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 wk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 309 Ingleside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shipley Md.
STREET ADDRESS (If rural give location) 811 S. Camp Meade Rd.

3. NAME OF DECEASED: (Type or Print) (First) Eugenia (Middle) R. (Last) Pfeifer
4. DATE OF DEATH: (Month) 9 (Day) 8 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widow	Oct 30, 1883	70 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Cigar maker	Pfaff Co.	Penna.	U.S.A.

13. FATHER'S NAME: Alphonse Ricaille
14. MOTHER'S MAIDEN NAME: Amelia Dehaunt

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no			Mrs. Harry Greenwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Generalized Metastasis	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Carcinoma Uterus c extension to bowel	3 Months
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 1954	Carcinoma Uterus c extension to bowel (history)	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 29, 1954, to Sept. 8, 1954, that I last saw the deceased alive on Sept 3, 1954, and that death occurred at 2:34 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Alfred Hanson MD	2 E Read - Bal. 2. Md	9/8/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/10/54	U.S. National	Balto. Md.

DATE RECD BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/9/54	C.E. Harry	MacNabb & Son	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

08251 08257

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY BALTIMORE
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 3526 SUSSEX Rd

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) HORN (Last) PIERCE
4. DATE OF DEATH (Month) Sept (Day) 10 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: May 2, 1870
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adam Horn
14. MOTHER'S MAIDEN NAME: CATHERINE DISTLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Acute Cardiac Failure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular disease
DUE TO
(c) Senility Mental Illness

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. fracture right hip about Mar 54

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Dr. Frederick Iler 1010 Leeds Av
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ M. D.
DATE SIGNED Sept. 10, 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 9/13/54 | NAME OF CEMETERY OR CREMATORY Baltimore | LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REG. 9-13-54 | REGISTRAR'S SIGNATURE Edna Redmond | 24. FUNERAL DIRECTOR Philip Herwig Sons | 25. ADDRESS Edmondson Av

VS. A15A - 5 - 53

08252

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08258

CERTIFICATE OF DEATH

Reg. Dist. No. 39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paper Mill Rel

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix
STREET ADDRESS (If rural give location) Paper Mill Rd.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Albert (Last) Price
4. DATE OF DEATH: (Month) (Day) (Year) 9 - 17 1954

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widower | 8. DATE OF BIRTH April 26, 1866 | 9. AGE last birthday 88 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm owner | 10b. KIND OF BUSINESS OR INDUSTRY farm | 11. BIRTHPLACE (State or foreign country) Balto Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joshua Price | 14. MOTHER'S MAIDEN NAME Elizabeth Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT T. Howard Price, Phoenix, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 2 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease — 16 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/14, 1954, to 9/17, 1954, that I last saw the deceased alive on 9/16, 1954, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifford F. Hudson, M.D. | ADDRESS Fork | DATE SIGNED Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9-19-54 | NAME OF CEMETERY OR CREMATORY Cunningham Methodist | LOCATION (City, town, or county) Monkton (State) Md.

DATE REC'D BY LOCAL REG. Sept 19, 54 | REGISTRAR'S SIGNATURE M. Elizabeth Forwood | 24. FUNERAL DIRECTOR J. Scott Brooks | ADDRESS Sparks, Md.

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08259

08157

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DUNDALK
LENGTH OF STAY (in this place) 6YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6741 ROBERTS AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY BALTO
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DUNDALK
STREET ADDRESS (If rural give location) 6741 ROBERTS AVE

3. NAME OF DECEASED: (First) DENNIS (Middle) (Last) PUNKO
4. DATE OF DEATH: (Month) SEPT (Day) 5 (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: OCT 3 1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DUMPER OPR B+O RAILROAD
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): POLAND
12. CITIZEN OF WHAT COUNTRY? POLAND
13. FATHER'S NAME: EARL PUNKO
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 705-09-6473
17. INFORMANT & ADDRESS: CATHERINE PUNKO 6741 ROBERTS AVE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1624

IMMEDIATE CAUSE (A) Carcinoma of Lung

ANTECEDENT CAUSE (B) DUE TO & Generalized metastasis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: July 1954
19B. MAJOR FINDINGS OF OPERATION: metastatic Ca involving liver.
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. , 1954 to Sept 5., 1954, that I last saw the deceased alive on Sept 4, 1954, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE J B Stevens M. D. ADDRESS 3400 Erdman Ave Balto-13 DATE SIGNED 9/6/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: SEPT 8-54
NAME OF CEMETERY OR CREMATORY: HOLY TRINITY CEM
LOCATION (City, town or county): ELKRIDGE (State) MD

DATE REC'D BY LOCAL REGISTRAR: 9/7/54
REGISTRAR'S SIGNATURE: C W Hedrich
24. FUNERAL DIRECTOR: Duffield Bro ADDRESS: 1800 E LOMBARD ST

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08260

08253

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Towson
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shippard & Enoch Pratt Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 16
STREET ADDRESS (If rural give location) 3312 W. North Ave.

3. NAME OF DECEASED: (Type or Print) (First) Matthias (Middle) Forney (Last) Reese

4. DATE OF DEATH: (Month) 9 (Day) 2 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: May 1, 1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY: Barb

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John E. Reese

Md. Clearing House

14. MOTHER'S MAIDEN NAME: Alice Gibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Rena S. Reese 3312 W. North Ave.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
31X Immediate cause	(a) Cerebro-vascular accident DUE TO	5 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Chronic brain syndrome due to cerebral arteriosclerosis DUE TO	2 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/2, 1954, to 9/2, 1954, that I last saw the deceased alive on 9/2, 1954, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

SIGNATURE Joseph D. Lichtenberg (Degree or title) MD ADDRESS Shippard & Enoch Pratt Hosp, Towson Md. DATE SIGNED 9/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept 4, 1954 NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery LOCATION (City, town, or county) (State) Woodlawn, Maryland

DATE REC'D BY LOCAL REGISTRAR 9-3-54 REGISTRAR'S SIGNATURE [illegible] Deputy

24. FUNERAL DIRECTOR John O. Mitchell & Sons ADDRESS 1900 Eutaw Place

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08261

08254

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Lutherville
LENGTH OF STAY (In this place) 5
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1318 Woodbourne Ave

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) Elizabeth (Last) Roberts

4. DATE OF DEATH: (Month) Sept (Day) 18 (Year) 1954

5. SEX: F

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Feb 26 1860

9. AGE last birthday: 94 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Norwich Conn

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Colin McNeil

14. MOTHER'S MAIDEN NAME: Mary Burrows

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs A P Winsor Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Arteriosclerotic Heart Dis — Interval Between Onset And Death: Indef

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Generalized arteriosclerosis — Indef

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953 to 18 Sep., 1954, that I last saw the deceased alive on 10 Sept., 1954, and that death occurred at 3.30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M D — ADDRESS 1261 S. Edwards Ave, Balto — DATE SIGNED 18 Sep 54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF Sept 19 1954 — NAME OF CEMETERY OR CREMATORY Yantic — LOCATION (City, town, or county) (State) Norwich Conn.

DATE REC'D BY LOCAL REGISTRAR Sept. 19, 1954 — REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR H. Jenkins Sons Co — ADDRESS 4905 York Rd

RECEIVED
SEP 20 1954
BUREAU V. S.

08255

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08262

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 1 3 THE ERRORS OF COMMISSION AFFECTING ON CERTIFICATE WERE REMEDIED BY BINDING MARGIN RESERVED FOR BINDING WHICH REMAINED IN STATE OF MAINE

1. PLACE OF DEATH.
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Dundalk (22)
STREET ADDRESS (If rural give location) 6808 Dunhill Road

3. NAME OF DECEASED: (Type or Print) (First) Peter (Middle) (Last) Robertson, SR.

4. DATE OF DEATH: (Month) (Day) (Year) 9-23-54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-28-1886

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10B. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR.

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Robertson

14. MOTHER'S MAIDEN NAME: ~~Unknown~~ ELIZABETH LIVINGSTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service, unit, town)

16. SOCIAL SECURITY NO. 193-03-7673 Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac failure with hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: Prior to 9-20-54

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic heart disease — Years

DUE TO (C) Generalized arteriosclerosis — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-20-, 1954 to 9-23-, 1954 that I last saw the deceased alive on 9-23-, 1954 and that death occurred at 2:55 PM, from the causes and on the date stated above.

SIGNATURE Ethel B. Herrmann-Green M.D. M. D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 9-23-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 9-25-54

NAME OF CEMETERY ~~OR CREMATORY~~ BALTIMORE CEM

LOCATION (City, town, or county) (State) BALTO., MD.

DATE REC'D BY LOCAL REGISTRAR 9-27-54

REGISTRAR'S SIGNATURE C. E. Harry

24. FUNERAL DIRECTOR Hilda Brodie Bradley ADDRESS Dundalk, Md.

RECEIVED
SEP 29 1954
BUREAU OF S

08263

08256

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 68 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 Hunters Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 60 Hunters Ave.

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) J. (Last) Robinson

4. DATE OF DEATH: (Month) 9 (Day) 16 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Aug. 1 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Tonza Robinson

14. MOTHER'S MAIDEN NAME: Annie Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Minnie Robinson, 60 Hunters Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebral Arterio Sclerosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-11 19 54, to 9-16 19 54, that I last saw the deceased alive on 9-16 19 54, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE James E. Powell (DEGREE OR TITLE) ADDRESS Catonsville DATE SIGNED 9-17-

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9.20.1954 — NAME OF CEMETERY OR CREMATORY New Cathedral — LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. Sept 18 1954 — REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR (ADDRESS) Pierce Funeral 1631 Druid Hill Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08265

08257

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH. COUNTY Bceto Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) formerly of: Baltimore
STREET ADDRESS (If rural give location) Blackstone Apts.

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) HOUSTON (Last) RUSSUM
4. DATE OF DEATH: (Month) Sept. (Day) 9, (Year) 19 54
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Oct. 3, 1859
9. AGE last birthday: 94 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use terms retired or unknown): Supt. Motor Power Dept.
10B. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Russman
14. MOTHER'S MAIDEN NAME: Angeline --
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Mary C. Crane-2028 Mt. Royal Terrace

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH
491X
IMMEDIATE CAUSE (A) Broncho pneumonia — Two weeks
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized arteriosclerosis — yrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/13/53, 19 , to 9/8/54, 19 , that I last saw the deceased alive on 9/8/54, 19 , and that death occurred at 10:30 A. M, from the causes and on the date stated above.

SIGNATURE Ernest C. Brown Jr. M. D. ADDRESS 1106 N. Calvert St. Baltimore, Md. DATE SIGNED Sept 10. 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 9/11/54
NAME OF CEMETERY OR CREMATORY: Greensboro Cem.
LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REGISTRAR: September 11th 1954
REGISTRAR'S SIGNATURE: R.W
BY FUNERAL DIRECTOR: Wm. J. Tuckner & Sons. ADDRESS: Balto 17 Md

VS. A15—10

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

08163 MARYLAND STATE DEPARTMENT OF HEALTH 08266

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. 1707 Park Ave. Haleth. r[illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. 1707 Park Ave. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) Park Ave. Halethorpe, Md.

3. NAME OF DECEASED (Type or Print): (First) Christina (Middle) G. (Last) Sandman
4. DATE OF DEATH: (Month) Sept. (Day) 12 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): [illegible]
8. DATE OF BIRTH: Oct. 1-1870
9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ferdinand DeBoy
14. MOTHER'S MAIDEN NAME: Katherine Beltz.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Ferdinand Sandman 1707 Park Ave. Bal.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis, right	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	? yrs.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Sept 12 1954, that I last saw the deceased alive on Sept 11, 1954, and that death occurred at 2 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert A. Erickson, M.D. 5305 East Drive Balto-27, Md. Sept 13, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Sept. 15-54
NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.
LOCATION (City, town, or county) (State): Frederick Ave. Balto.

DATE REC'D BY LOCAL REG.: 9-14-54
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: [illegible]
ADDRESS: [illegible] Sept 6 Catonsville Rd. Halethorpe 27.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08267

08258 **CERTIFICATE OF DEATH** Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural Woodlawn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5530 Clifton Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Woodlawn
STREET ADDRESS (If rural, give location) 5530 Clifton Ave

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) V. (Last) Sands

4. DATE OF DEATH: (Month) Sept (Day) 18th (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug 3rd 1895

9. AGE last birthday: 59 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dietitian Lady

10b. KIND OF BUSINESS OR INDUSTRY: Hospital McGaw Co

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Krebes

14. MOTHER'S MAIDEN NAME: Elizabeth Dain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -

17. INFORMANT & ADDRESS: LeRoy B. Sands, 5530 Clifton Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Apoplexy

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Arteriosclerotic C-V Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 18th 1954, to Sept 18 1954, that I last saw the deceased alive Sept 14th 1954 and that death occurred at 4 PM m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Michael Bracey MD 3033 W North Ave Sept 20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9/20/54
NAME OF CEMETERY OR CREMATORY Oak Lawn
LOCATION (City, town, or county) (State) Eastern Ave. Extended.

DATE REC'D BY LOCAL REG. 9-20-54
REGISTRAR'S SIGNATURE A W Heaman
24. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1217 St. Paul St

JST

08259

08268

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 10mo. 17days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Freeland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Elizabeth (Last) Schoelkopf

4. DATE OF DEATH (Month) (Day) (Year) September 15, 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-11-1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Paul Schoelkopf

14. MOTHER'S MAIDEN NAME: Julia Gunther

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic congestive heart failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic cardiovalvular disease

DUE TO

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture right hip, accidental

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Hospital

21c. (City or town) Catonsville, (County) Baltimore, (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-2-54 1:;5p. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Apparently lost balance and fell to floor due to dizziness

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐ Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Leo M. Kieffer M. D. 1010 Leeds Ave

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9-15-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Sept. 18 1954 — NAME OF CEMETERY OR CREMATORY Goodwill Cemetery — LOCATION (City, town, or county) Fallston — (State) Md.

DATE REC'D BY LOCAL REG. 9/15/54 — REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Jacob Harlendein — ADDRESS New Freedom, Pa.

VS. A15A - 5 - 53

SEP 17 1954
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08269

08260

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WUNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print) SCHROEN, DAISY (Nee ZIMMERMAN)

2. DATE OF DEATH 6 Sept 1954

3. PLACE OF DEATH. A Baltimore City, Maryland

B FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Spring Grove State Hosp.

c. Length of stay in Baltimore LIFE 73 Yrs. 7-0 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY BALT CITY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 29
D. STREET ADDRESS (If rural, give location) 3219 FREDERICK AVENUE

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	Married	17 MAR 1881	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) BALTIMORE, MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN ZIMMERMAN
14. MOTHER'S MAIDEN NAME EVA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) UNK (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT CHARLES SCHROEN ADDRESS 3219 FREDERICK AVE BALT 29

MEDICAL CERTIFICATION

18. 321X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 32 hours
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) CEREBRAL ARTERIOSCLEROSIS — 4+ years
DUE TO
(C)

CERTIFICATION APPROVED BY
R. Schaefer M.D.
MEDICAL EXAMINER.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. POTT'S FRACTURE (Right) — 19 days

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) ☐
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) HOME
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 3219 FREDERICK AVE BALT 29
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY AUG 18 1954 m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21F. HOW DID INJURY OCCUR? FALL on floor

22. I hereby certify that I attended the deceased from 18 Aug, 19 54, to 6 Sept, 19 54, that I last saw the deceased alive on 6 Sept, 19 54 and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE William Lampert M. D.
23B. ADDRESS Spring Grove State Hosp.
23C. DATE SIGNED 6 Sept 54

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 9-9-1954
24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
24D. LOCATION (City, Town, or County) (State) Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR 9/8/54
REGISTRAR'S SIGNATURE W. Frederick
25. FUNERAL DIRECTOR E. Truman Eckert ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08261 08270

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY (in this place) 32yrs 10mos 17days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) At large; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) George (Last) Schuebel

4. DATE OF DEATH: (Month) Sept (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Aug 17, 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HRS.: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry J. Schuebel

14. MOTHER'S MAIDEN NAME: Johanna Herbich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Several min.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerotic heart disease — years

(C) Generalized arteriosclerosis, advanced — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1954, to Sept 13, 1954, that I last saw the deceased alive on Sept 12, 1954, and that death occurred at 1:55 A M, from the causes and on the date stated above.

SIGNATURE John P. Risley MD ADDRESS Spring Grove State Hospital Catonsville Md DATE SIGNED 9/13/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Interment | DATE THEREOF 9/14/54 | NAME OF CEMETERY OR CREMATORY Pikesville Cemetery | LOCATION (City, town or county) Woodlawn Hgts. Balto. Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 9/14/54 | REGISTRAR'S SIGNATURE T E Barry

24. FUNERAL DIRECTOR Wm. Francis J. Hagelin ADDRESS 5[illegible] W. Lexington St

RECEIVED

08271

STATE DEPARTMETT OF HEALTH

MARYLAND

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dorchester Heights
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2612 Gehb Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dorchester Heights
STREET ADDRESS (If rural, give location) 2612 Gehb Ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) V. (Last) Shackelford

4. DATE OF DEATH: (Month) Sept. (Day) 30 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): white

8. DATE OF BIRTH: Nov. 20, 1924

9. AGE last birthday: 29 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Coleman North

14. MOTHER'S MAIDEN NAME: Mathilda Agnes Krause

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Hilmer H. Shackelford-2612 Gehb Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Carcinoma to skull & lungs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinomona of Spinal cord (c)

INTERVAL BETWEEN ONSET AND DEATH: 16 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/8/53, to 9/30/54, that I last saw the deceased alive on 9/30/54, and that death occurred at 10 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph L Lankford M.D. ADDRESS 679 Washington Blvd DATE SIGNED 10/1/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 10/4/54 | NAME OF CEMETERY OR CREMATORY: Balto. National Cem. | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: NOV 1 1954 | REGISTRAR'S SIGNATURE: [illegible] | FUNERAL DIRECTOR: Wm. J. Vickers & Sons ADDRESS: Balto 17, Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 · 08272

08262 **CERTIFICATE OF DEATH** Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 27 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 120 N. GREENE STREET

3. NAME OF DECEASED: (First) RUSSELL (Middle) G. (Last) SHARPE

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 3 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 6-7-96

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10B. KIND OF BUSINESS OR INDUSTRY: LUMBER YARD

11. BIRTHPLACE (State or foreign country): LA FOLLETTE, TENNESSEE

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: CASPER SHARPE

14. MOTHER'S MAIDEN NAME: EMMA CONDRY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT. HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) TUBERCULOSIS, CHRONIC, PULMONARY, FAR-

ANTECEDENT CAUSE (S) (B) ADVANCED, ACTIVE.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from AUG. 7, 1954, to SEPT. 3, 1954, that ~~I last saw the deceased~~ and that death occurred at 7:00 AM, from the causes and on the date stated above.

SIGNATURE Irving Freeman ADDRESS VAH, FT HOWARD, MD DATE SIGNED 9/3/54

IRVING FREEMAN, ACTING CHIEF, MEDICAL SERVICE M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL DATE THEREOF 9-5-54 NAME OF CEMETERY OR CREMATORY LA FOLLETTE CEM LOCATION (City, town, or county) LA FOLLETTE, TENN. (State)

DATE REC'D BY LOCAL REGISTRAR SEP 4 1954 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR William Cook-Blight Inc ADDRESS 6009 Harford Rd

SHIPPED TO: MARS FUNERAL HOME LAFOLLETTE, TENN. Raymond F. Mayer F.D. Balto. 11, Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08273

08263

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY (in this place) 28 Since 11.24.53; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George Co; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; STREET ADDRESS (If rural give location) 6519 Allegheny Ave.

3. NAME OF DECEASED: (First) IRENE (Middle) V (Last) SHART

4. DATE OF DEATH. (Month) 9 (Day) 16 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M | 8. DATE OF BIRTH: 9.8.1884 | 9. AGE last birthday 70 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Housewife | 11. BIRTHPLACE (State or foreign country): USA | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Rhian | 14. MOTHER'S MAIDEN NAME: Octavia Croni

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT & ADDRESS: Records of Spring Grove Hosp.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Pulmonary edema

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cardiac failure DUE TO

(C) Degenerative myocardial fibrosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-11-, 1954 to 9-15-, 1954 that I last saw the deceased alive on 9-15-, 1954 and that death occurred at 6.10 a M, from the causes and on the date stated above.

SIGNATURE Ethel B. Hermann-Grieve M.D. ADDRESS Spring Grove State Hosp. Catonsville 28, Md. DATE SIGNED 9-16-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9-18-54 | NAME OF CEMETERY OR CREMATORY Congressional | LOCATION (City or town, or county) Washington (State) DC

DATE REC'D BY LOCAL REGISTRAR 9/16/54 | REGISTRAR'S SIGNATURE C.E. Harry

24. FUNERAL DIRECTOR W.K. Hantzmann Sons ADDRESS 5732 Ga Ave NW.

RECEIVED
SEP 20 1954
BUREAU M. S.

08264 08274

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Westminster Rural
LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Reisterstown

HOSPITAL OR INSTITUTION OR STREET ADDRESS George Merrick's Garage

STREET ADDRESS (If rural, give location) Westminster Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day)	(Year)
JOHN		SHROYER	Sept. 16	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Wid.	April 16, 1881	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer		Owings Mills	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Wesley Shroyer	Matilda Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No.	Don't Know	Alma Jennant. Finksburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Multiple skull fractures and contusions of brain secondary to multiple blows to head — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	garage	Reisterstown	Baltimore	Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
Sept. 16, 1954 M.		Multiple blows to head

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE Paul F. Gruen M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 9/16/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept. 18, 1954	All Saints	Reisterstown	Balto. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-17-54	[illegible]	Wm. Berryman & Sons	Reisterstown, Md

Duplicate

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08275

08265 CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 1 month 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 5511 Price Ave.

3. NAME OF DECEASED: (Type or Print) (First) Rena (Middle) Rude (Last) Singer

4. DATE OF DEATH: (Month) Sept. (Day) 17, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Jan. 25, 1915

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel

14. MOTHER'S MAIDEN NAME: Sarah Hahn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Diabetes mellitus — 4 years

(C) Cardio-vascular failure — days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1954, to Sept 17, 1954, that I last saw the deceased alive on Sept. 17, 1954, and that death occurred at 6¼ P M, from the causes and on the date stated above.

SIGNATURE John P. Risley MD — ADDRESS Spring Grove State Hospital — DATE SIGNED Sept. 17, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 9-19-54 — NAME OF CEMETERY OR CREMATORY: Hebrew Young Men — LOCATION (City, town, or county): Baltimore (State): Md

DATE REC'D BY LOCAL REGISTRAR: 9-17-54 — REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: Jack Lewis Inc — ADDRESS: 2100 Eutaw Pl

RECEIVED
SEP 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08266

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08276

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Forest Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 117 E. Chesapeake Ave

3. NAME OF DECEASED (Type or Print): (First) George (Middle) E. (Last) Smart
4. DATE OF DEATH: (Month) Sept (Day) 7 (Year) 1954

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M | 8. DATE OF BIRTH Dec 12-1914 | 9. AGE last birthday 49 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter | 10b. KIND OF BUSINESS OR INDUSTRY - | 11. BIRTHPLACE (State or foreign country) Towson Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Smart
14. MOTHER'S MAIDEN NAME Mary Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-03-2736
17. INFORMANT AND ADDRESS Nita Smart - 117 E. Chesapeake Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease, vascular: Coronary occlusion — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Collin E. Hudson MD | ADDRESS DME Towson Md | DATE SIGNED 9/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Sept 11-1954 | NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem. | LOCATION (City, town, or county) (State) Towson Md.

DATE RECD BY LOCAL REG. 9/8/54 | REGISTRAR'S SIGNATURE A W Hedrick V | 24. FUNERAL DIRECTOR Samuel W. Cunningham | ADDRESS Bel. Md.

JCL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08277

08267 CERTIFICATE OF DEATH Reg. Dist. No. 33

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, Md.
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood St. Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Baltimore, Md. COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 19,
STREET ADDRESS (If rural give location) 2631 Edgemere Ave.

3. NAME OF DECEASED: (Type or Print) (First) Charlotte (Middle) (Last) Smith
4. DATE OF DEATH: (Month) Sept. (Day) 16, (Year) 1954

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant
8. DATE OF BIRTH: 8/5/54
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR Months 1 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John L. Smith
14. MOTHER'S MAIDEN NAME: Effa Louise Schott

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bilateral pneumonitis — Interval Between Onset And Death 4-0 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital heart disease since birth. Brain damage due to cerebral anoxia since birth.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/14/ ,1954 , to 9/16/ , 1954 , that I last saw the deceased alive on 9/16/ , 1954 and that death occurred at 1:55 p.m. , from the causes and on the date stated above.

SIGNATURE (Degree or title) Viola B. Johns M.D
ADDRESS Rosewood State Training School
DATE SIGNED 9-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 18, 1954
NAME OF CEMETERY OR CREMATORY Oak Lawn
LOCATION (City, town, or county) Colgate, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 9-17-54
REGISTRAR'S SIGNATURE Abe Hedrick
24. FUNERAL DIRECTOR Ulrich Funeral Home
ADDRESS 2112 Dundalk Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

VS. A15 — 10 - 1

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08279

08268 CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Sudbrook Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
STREET ADDRESS (If rural give location) 6 Sudbrook Lane

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) B (Last) Snyder

4. DATE OF DEATH: (Month) Sept (Day) 21 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Mar 14 1869

9. AGE last birthday: 85 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James O Cory

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Mary Mann 6 Sudbrook Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: 6 mons

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Art. Sclerosis — 10 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..., 1953, to Sept. 21st, 1954, that I last saw the deceased alive on Sept 20th, 1954, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James A. Miller M.D. ADDRESS Pikesville Md DATE SIGNED 9/21/54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept 24 1954

NAME OF CEMETERY OR CREMATORY Levindale

LOCATION (City, town, or county) (State) Pikesville Md

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Gilbert Funeral Home

ADDRESS 4210 Belair Rd

03269

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08281

Reg. Dist. No. 38

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sonn Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) Sonn Lane

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Rider (Last) Sonn

4. DATE OF DEATH: (Month) SEPT (Day) 20 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/26/79

9. AGE last birthday: 75 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Balto. Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Rider

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: John Sonn Sr. Sonn Lane Balto. 14 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Insufficiency	4-6 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Senile degeneration & Hypertension	2 mos.
	(c) Severe Arteriosclerotic cardiovascular disease	Undetermined

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cystitis; Hepatic necrosis — 2 mos. & 3 wks.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 July, 1954, to 20 Sept, 1954, that I last saw the deceased alive on 17 Sept, 1954, and that death occurred at 1 3 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John C. Hyle M.D. 7527 Belair Rd Balto 6 Md 9/21/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9/23/54
NAME OF CEMETERY OR CREMATORY: St. Johns Luth. Cemetery
LOCATION (City, town, or county) (State): Balto. Co. Md

DATE REC'D BY LOCAL REG.: 9/21/54
REGISTRAR'S SIGNATURE: A. M. Bacon

24. FUNERAL DIRECTOR: Lancaster Funeral Home
ADDRESS: 7401 Belair Rd.

SEP 23 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08281

08270

CERTIFICATE OF DEATH

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) RURAL (WHITEHALL)
LENGTH OF STAY (in this place) 18 MOS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS GRAYSTONE RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WHITEHALL P.O.
STREET ADDRESS (If rural give location) GRAYSTONE RD.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) BATHGAT (Last) SPICER

4. DATE OF DEATH: (Month) 9 (Day) 19 (Year) 1954

5. SEX: M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAY 31, 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): SALES

10b. KIND OF BUSINESS OR INDUSTRY: AUTO PARTS

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: ROBERT M. SPICER

14. MOTHER'S MAIDEN NAME: MARY BATHGATE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-18-7504

17. INFORMANT & ADDRESS: MRS. LILLIAN A. SPICER (WIFE)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 5 min.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to Sept. 19, 19 54 that I last saw the deceased alive on 9/18, 19 54, and that death occurred at 6 3/4, from the causes and on the date stated above.

SIGNATURE (Degree or title) G. M. Frame M.D. ADDRESS Parkton Md DATE SIGNED 9/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 9-21-1954

NAME OF CEMETERY OR CREMATORY LORRAINE PARK

LOCATION (City, town, or county) BALTO. CO. (State) MD.

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR H. W. JENKINS & SONS CO ADDRESS 4905 YORK RD. BALTO. 12, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08282

08164

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HALETHORPE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5616 OAKLAND ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HALETHORPE
STREET ADDRESS (If rural give location) 5616 OAKLAND ROAD

3. NAME OF DECEASED: (First) ROSA (Middle) L. (Last) STEIN (Type or Print)

4. DATE OF DEATH: (Month) SEPT: (Day) 1 st (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: 11 -10 -1885

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): BALTIMORE MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: THEBOLD HELLWIG

14. MOTHER'S MAIDEN NAME: HERMINA BREITENBACH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) *******

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: ROSALIE H. SIPES .. 5616 Oakland Road

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Generalized Abdominal Carcinomatosis — Interval Between Onset And Death: 6 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertensive Cardiovascular Disease Unknown.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14, 1954, to Sept. 1, 1954, that I last saw the deceased alive on Aug. 29, 1954, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Bradley Daugherty M.D. ADDRESS 1364 Fremont Ave DATE SIGNED 9-2-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF SEPT: 4: 54 — NAME OF CEMETERY OR CREMATORY WESTERN CEMETERY — LOCATION (City, town, or county) (State) BALTIMORE MARYLAND

DATE REC'D BY LOCAL REGISTRAR 9-3-54 — REGISTRAR'S SIGNATURE O. W. Hebert Dep

24. FUNERAL DIRECTOR ADDRESS F. B. Wippert & Son F.B.WIPPERT & SON 1300 EUTAW PL.17

08283

MARYLAND 08271

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon
LENGTH OF STAY (In this place) MARYLAND 50 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Glyndon Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon
STREET ADDRESS (If rural, give location) 15 Glyndon Ave.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) E (Last) Switzer

4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH March 6, 1873

9. AGE last birthday 81 yrs yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Western Md. Railway

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Carroll County

12. CITIZEN OF WHAT COUNTRY? U.S.?

13. FATHER'S NAME John Switzer

14. MOTHER'S MAIDEN NAME Rebecca Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs. Mary E. Springer, Glyndon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis - Chronic Decompensating	2 yrs
Antecedent cause(s)	(b) Hypertension	5 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1- 38 to 9-18-54, that I last saw the deceased alive on 9-17-54, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Omar L. Axtell M.D. Reisterstown Md 9-19-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE Sept. 20, 1954

NAME OF CEMETERY OR CREMATORY All-Saints

LOCATION (City, town, or county) (State) Reisterstown, Md.

DATE REC'D BY LOCAL REG. 9-20-54

REGISTRAR'S SIGNATURE Mary B. Eline.

24. FUNERAL DIRECTOR ADDRESS J.F. Eline & Sons, Reisterstown, Md.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08284

CERTIFICATE OF DEATH

08272 Reg. Dist. No. ....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 51 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1522 Brunt St.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) W. (Last) SYKES (Also Charlie)

4. DATE OF DEATH: (Month) September (Day) 4 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 2-13-91

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Helper

10B. KIND OF BUSINESS OR INDUSTRY: Truck Company

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Vlin.Rec.Vet.Adm. Hosp.,Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) PULMONARY TUBERCULOSIS, CHRONIC, MODERATELY ADVANCED, ACTIVE — INTERVAL BETWEEN ONSET AND DEATH: 6 MONTHS

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from July 15, 1954, to Sept. 4, 1954, and that death occurred at 1:55 AM, from the causes and on the date stated above.

SIGNATURE DAVID W. PARKE, M.D. David W. Parke M. D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 9-4-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 9/8/1954 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 9/8/54 — REGISTRAR'S SIGNATURE C. W. Hedrich

24. FUNERAL DIRECTOR ADDRESS Arlington Phillips Funeral Home 1808 N. Monroe St. Baltimore 17, Md.

VS. A15—1[illegible]3

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

08373 — 2411 N. Charles Street, Baltimore — 08285

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place) 36 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost & H.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 19. Madeline Ave

3. NAME OF DECEASED (Type or Print): (First) Margaretha (Middle) I (Last) Thomas

4. DATE OF DEATH: (Month) Sept (Day) 14 (Year) 1954

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow — 8. DATE OF BIRTH: Aug 4-1865 — 9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home — 10b. KIND OF BUSINESS OR INDUSTRY: Housewife — 11. BIRTHPLACE (State or foreign country): Germany — 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Herbert S — 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 214-18-1174 D
17. INFORMANT AND ADDRESS: Mrs Olivia Hurley, 21. Madeline Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 2 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 13, 1954, to Sept 14, 1954, that I last saw the deceased alive on Sept 13, 1954, and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED Sept 14-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9/16/54 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 9/17/54 — REGISTRAR'S SIGNATURE: J. M. Baer — 24. FUNERAL DIRECTOR — ADDRESS: Lansdale Funeral Home 7401 Belair Rd.

RECEIVED
SEP 20 19[illegible]
BUREAU V. S.

08286

08274

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (In this place): —
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Armacost Nursing Home 812 Pegester Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest) OR TOWN: [illegible]
STREET ADDRESS (If rural, give location): 713 E. 33d Street

3. NAME OF DECEASED (Type or Print): (First) Amelia (Middle) C. (Last) Thornton

4. DATE OF DEATH: (Month) Sept. (Day) 30 (Year) 1954

5. SEX: [illegible]

6. COLOR OR RACE: [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: Feb. 22, 1864

9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: ——

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: [illegible] N. Raymo

14. MOTHER'S MAIDEN NAME: Amelia Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / **(If yes, give war or dates of service)**:

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. F. P. Campbell [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — **PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY** — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Roy M. Zeiserman (Degree or title) M.D. ADDRESS: 3202 Harford Rd. Baltimore DATE SIGNED: Oct. 1, 54

23. BURIAL, CREMATION, REMOVAL (Specify): Bial — **DATE THEREOF**: Oct. 4, 1954 — **NAME OF CEMETERY OR CREMATORY**: Green Mount — **LOCATION (City, town, or county) (State)**: Baltimore, Md.

DATE REC'D BY LOCAL REG.: 10/4/54 — **REGISTRAR'S SIGNATURE**: C. R. Hedrick — **24. FUNERAL DIRECTOR** — **ADDRESS**: H. W. Meaker and Son 805 N. Calvert St.

2-K

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08287

08275

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especiportant. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): James Lesley Thornton

2. DATE OF DEATH: 9-9-54

3. PLACE OF DEATH: A. Baltimore City, Maryland -28- Baltimore Co.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Spring Grove State Hosp. 16

c. Length of stay in Hospital / Baltimore: 4 mo 6 days (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Md. B. COUNTY: Calvert
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): North Beach
D. STREET ADDRESS (If rural, give location):

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	M	10-17-97	56		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fisherman

10B. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Glen Thornton

14. MOTHER'S MAIDEN NAME: Mary [illegible]erville

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) Disc. 9-30-19

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT: Wife ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO
(B) —
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY?
8-11-54	See 18		YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
	—	—

22. I hereby certify that I attended the deceased from 7-24-54 to 9-9-54, that I last saw the deceased alive on 9-8-54 and that death occurred at 7:18 a. m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Milton N. Kanof, M. D.	Spring Grove Hosp.	9/9/54

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town or County) (State)
Removal	Sept. 9-1954		Washington D.C.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9/9/54	V. E. Harris	A. Thos. Lee & Son	300-14th St. N.W. Washington D.C.

08165 **MARYLAND STATE DEPARTMENT OF HEALTH**

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08280

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 616 Washington Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural, give location) 616 Washington Ave.

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) C. (Last) THORNEY

4. DATE OF DEATH: (Month) Sept. (Day) 3, (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 1, 1875

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist (rtd.)

10b. KIND OF BUSINESS OR INDUSTRY: Shipbuilding

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Thorney

14. MOTHER'S MAIDEN NAME: Sarah Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Lansdowne, Md. Mrs. Clara V. Thorney - 616 Washington Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive a S C V D

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) & Acute Pulmonary Edema

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/ 1, 1953, to 9/3, 1954, that I last saw the deceased alive on 9/3, 1954, and that death occurred at 12 50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. H. Raley MD Stevenson Md 9/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9/7/54

NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem.

LOCATION (City, town, or county) (State): A. A. Co., Md.

DATE REC'D BY LOCAL REG.: 9/7

REGISTRAR'S SIGNATURE: George M. Kieffer asst.

24. FUNERAL DIRECTOR: Wm. J. Dickens & Sons ADDRESS: Balto 17. Md.

1b 08276

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08288

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5806 Edmondson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 5806 Edmondson Ave.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) H. (Last) Tice
4. DATE OF DEATH: (Month) Sept. (Day) 4 (Year) 54 19
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Mch. 26 1872
9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Watchman
10b. KIND OF BUSINESS OR INDUSTRY: Nursery Bldg
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John A. Tice
14. MOTHER'S MAIDEN NAME: Nancy Annison
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Gladys Garner 5806 Edmondson Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis, acute

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive arteriosclerotic Cardio-

(c) vascular disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/4, 19 54, to 9/4, 19 54, that I last saw the deceased alive on 9/4, 19 54, and that death occurred at 6:40 p. m., from the causes and on the date stated above.

SIGNATURE: John E. Tice Jr. M.D. (Degree or title) ADDRESS 5800 Edmondson Ave. DATE SIGNED 9/4/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Sept. 7/54
NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Harry A. Leitz
ADDRESS: 4101 Edmondson Ave

08277 08290

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethlehem Steel Company (Hospital)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 516 S. Lehigh Street

3. NAME OF DECEASED: (Type or Print) (First) B. (Middle) MICHAEL EDWARD (Last) TRACLY
4. DATE OF DEATH (Month) (Day) (Year) September 22 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	APR. 18, 1897	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
SHIPFITTER	BETH. STEEL Co.	BALTIMORE, MD.	U. S. A.

13. FATHER'S NAME: CHARLES TRACEY
14. MOTHER'S MAIDEN NAME: CLARA JORDAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
YES. W.W.I	213-07-7769	CLARA M. TRACEY SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Coronary occlusion
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic Cardiovascular Disease
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William Howett M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED Sept. 23, 1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	9-27-54	BALTO. NAT. CEM.	5501 FREDERICK AV. BALTO.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-24-54	C W Hedrick	Charles L. Zeiler	901 S. CONKLING ST BALTO. 24, MD.

ik

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08291

08278

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 22 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Admininstration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1017 N. Monroe Street

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) E. (Last) TRUIETT

4. DATE OF DEATH: (Month) (Day) (Year) September 2 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-10-06

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver-truck

10B. KIND OF BUSINESS OR INDUSTRY: Truck Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jeremiah Truiett

14. MOTHER'S MAIDEN NAME: Frances Hardman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 218-09-5814

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) METASTATIC ADENOCARCINOMA OF LEFT KNEE,

ANTECEDENT CAUSE (S) ~~xxxxxx~~ INGUINAL LYMPH NODES AND LUNGS.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 9 MONTHS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 11 1954, to Sept. 2, 1954, ~~that I last saw the deceased~~ ~~xxxxxxxxxxxxxxxxxx~~, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

VA

SIGNATURE F. G. Dickey M.D.

ADDRESS FRANCIS G. DICKEY, M.D. Chief, Medical Service VAH, FORT HOWARD, MARYLAND

DATE SIGNED 9-2-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9-7-54

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 9-3-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Elroy Wilson Funeral Home 1000 Brantley Avenue, Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08279

CERTIFICATE OF DEATH

Reg. Dist. No. 08292

Items 3,14, FilmG172 10-25-54 cc

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2603 Taylor Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural give location) 2603 Taylor Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mr. (Middle) William W. (Last) Vogel

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 17th 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan. 7, 1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Penna. R.R.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick M. Vogel

14. MOTHER'S MAIDEN NAME: Margaretha Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 717-07-7789

17. INFORMANT & ADDRESS: Mrs. Maggie E. Vogel, 2603 Taylor Avenu#14

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Hemorrhage, Cerebral, ant. severe acute — 8 hrs

ANTECEDENT CAUSE (B) DUE TO Hypertension, Essential mild. — Undetermined

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

1260 X

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus mod severe — Undetermined

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1954 to 16 Sept., 1954, that I last saw the deceased alive on 16 Sept, 1954, and that death occurred at 12:30 AM, from the causes and on the date stated above.

SIGNATURE Edward L. Mohr M.D. ADDRESS M.D. 7425 Harford Rd Baltimore 17 DATE SIGNED 17 Sept 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Sept. 20, 1954 — NAME OF CEMETERY OR CREMATORY Parkwood Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road #14

VS. A15—10

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I MARGIN RESERVED FOR BINDING

Dr. Edward Molz
7425 Harford Road
HA 6 0800

08280

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08293 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 5.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (In this place) 2 mo. 17 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural, give location) Box 67, Andrews St. ✓

3. NAME OF DECEASED: (Type or Print) (First) Jack (Middle) Medford (Last) Waldon

4. DATE OF DEATH (Month) Sept. (Day) 1 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 12-31-41

9. AGE last birthday: 12 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY: Child

11. BIRTHPLACE (State or foreign country): Cambridge, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jack Joseph Waldon

14. MOTHER'S MAIDEN NAME: Audrey Nettie Stoker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Rosewood Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Suffocation by blocking of trachea with	1 min.
	DUE TO foreign body.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Epileptic convulsions	since birth
	DUE TO	
	(c) Hydrocephalic idiot	lifetime

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDING OF OPERATION: none

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg. etc.) OF INJURY Rosewd. Hosp.

21c. (City or town) Owings Mills, (County) Balto., (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 9-1-54 6:15P M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Aspirated foreign body

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. D. Caplan M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-2-54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial

DATE THEREOF Sept 4 1954

NAME OF CEMETERY OR CREMATORY Hurlock

LOCATION (City, town, or county) Hurlock (State) Md

DATE REC'D BY LOCAL REG. SEP 4 1954

REGISTRAR'S SIGNATURE [illegible] (Mary Elmo Smt)

24. FUNERAL DIRECTOR F. B. Willoughby ADDRESS East New Market Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08281

CERTIFICATE OF DEATH

08294 Reg. Dist. No. 4 V

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 31 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 910 BREVARD STREET

3. NAME OF DECEASED: (Type or Print) (First) CLEVELAND (Middle) (Last) WALKER

4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 11 1954

5. SEX: MALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 12-31-90
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PRINCE EDWARD, VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CLAYBORNE WALKER
14. MOTHER'S MAIDEN NAME: MARY E. COBB

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT & ADDRESS: CLIN.REC.,VET.ADM.HOSP.,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) HEMORRHAGE RIGHT CEREBRUM — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 11, 1954, to SEPT. 11, 1954, and that death occurred at 1:25 A M, from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDEGRIFT, M.D. ADDRESS: M.D. VAH, FT. HOWARD MD DATE SIGNED: 9/11/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 9/14/1954
NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL
LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 9-14-54
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: ARLINGTON S. PHILLIPS ADDRESS: 1808 N MONROE ST. BALTO. 17, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08295

08282 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 28
LENGTH OF STAY (in this place) 8mos.20days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2327 N. Charles St.

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) J. (Last) Wardley

4. DATE OF DEATH (Month) (Day) (Year) Sept. 28 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: Nov. 23, 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Coal miner

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital recoeds

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Pulmonary thrombosis

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerotic heart disease

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 8, 1954, to Sept. 28, 1954, that I last saw the deceased alive on Sept. 28, 1954, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

SIGNATURE Louie Frances Woodward ADDRESS M. D. Spring Grove State Hosp. Catonsville Md. DATE SIGNED Sept. 28, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF 10/1/54 | NAME OF CEMETERY OR CREMATORY Green Mount Crematory | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 9/30/54 | REGISTRAR'S SIGNATURE A W Hedrick | 24. FUNERAL DIRECTOR Wm. Cook, Inc., | ADDRESS 1217 St. Paul Street

VS. A15—10

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08296

08283

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Loch Raven Village
LENGTH OF STAY (in this place): 4yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8432 Greenway Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. , COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Loch Raven Village
STREET ADDRESS (If rural give location): 8432 Greenway Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E. (Last) Weidner

4. DATE OF DEATH: (Month) 9 (Day) 19 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 16, 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bethlehem Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Kline

14. MOTHER'S MAIDEN NAME: Anna Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. A.L. Bryant – 8432 Greenway Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

934X

IMMEDIATE CAUSE (A): Cerebral edema — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B): Uremia

DUE TO (C): Arterio - Sclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1/54 to 9/19/54 that I last saw the deceased alive on 9/19/54, and that death occurred at 5:20 A M, from the causes and on the date stated above.

SIGNATURE: Gordon Grau — ADDRESS: M. D. 8523 Loch Raven Blvd — DATE SIGNED: 9/19/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal

DATE THEREOF: 9/19/54

NAME OF CEMETERY OR CREMATORY: Friedensville

LOCATION (City, town, or county) (State): Friedensville, Pa.

DATE REC'D BY LOCAL REGISTRAR: SEP 19 1954

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

24. FUNERAL DIRECTOR: William J. Tuckner & Sons

ADDRESS: Nelson & Pa Aves - Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08297

08284 CERTIFICATE OF DEATH Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) 11 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 308 W. Leland Avenue

3. NAME OF DECEASED: (Type or Print) (First) Alexandra (Middle) Elizabeth (Last) White

4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 31, 1939

9. AGE last birthday: 15 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John J. White, Jr.

14. MOTHER'S MAIDEN NAME: Leonore Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a) DUE TO	Acute congestive heart failure	short
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Status epilepticus	1 hour
	(c)	Congenital spastic quadriplegia	life

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/22/ ,1954 , to 9/22/ , 1954 , that I last saw the deceased alive on 9/22/ , 1954 and that death occurred at 12:00 noon from the causes and on the date stated above.

SIGNATURE Hildgard Herrmann M.D. (Degree or title) ADDRESS - Rosewood - Owings Mills, Md. DATE SIGNED 9/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept 28 54 NAME OF CEMETERY OR CREMATORY Rosewood Cemetery LOCATION (City, town, or county) (State) Owings Mills

DATE REC'D BY LOCAL REGISTRAR 9-28-54 REGISTRAR'S SIGNATURE Mary B. Elmo

24. FUNERAL DIRECTOR J. F. Elmo & Sons Rhuhsdorf Md ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08298

CERTIFICATE OF DEATH

08285 Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 1228 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jesterville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LUTHER (Middle) J. (Last) WHITE

4. DATE OF DEATH. (Month) (Day) (Year) September 22, 1954

5. SEX: Male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: 9-21-06 | 9. AGE last birthday: 48 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jesterville, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John White

14. MOTHER'S MAIDEN NAME: Martha MN: Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 220-05-1839

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital, Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) RESECTION OF RIGHT UPPER LOBE FOLLOWED BY HEMORRHAGE AND SHOCK — INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS

ANTECEDENT CAUSE (B) VIBRO-CASEOUS PULMONARY TUBERCULOSIS — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 9/20/54

19B. MAJOR FINDINGS OF OPERATION: 1. Right upper lobectomy 2. Thoracotomy for postoperative hemorrhage. Findings: Postoperative hemothorax

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 23 1951, to Sept. 22 1954, and that death occurred at 6:50 AM, from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDEGRIFT, M.D. ADDRESS: M D VAH, FORT HOWARD, MARYLAND DATE SIGNED: 9/23/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 9/23/1954 | NAME OF CEMETERY OR CREMATORY: Jesterville Cemetery | LOCATION (City, town, or county) (State): Jesterville, Maryland

DATE REC'D BY LOCAL REGISTRAR: 9/23/54 | REGISTRAR'S SIGNATURE: C. B. Hedrick

24. FUNERAL DIRECTOR AND ADDRESS: Messick Funeral Home Jesterville, Maryland — Arlington S. Phillips, 1808 N. Monroe St. Baltimore 17, Md.

SHIPPED TO:

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

U.S. A15—10[illegible]3

3 08286

08299 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - [illegible]

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rockland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. ~~County~~ Balto. Co.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Pikesville, Md
STREET ADDRESS (If rural, give location) Rockland Ave.

3. NAME OF DECEASED: (Type or Print) (First) WM. (Middle) OLIVER (Last) WHITEN

4. DATE OF DEATH (Month) Sept (Day) 21 (Year) 1954.

5. SEX: Male.

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Feb 15, 1928.

9. AGE last birthday: 26 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Chauffer

10b. KIND OF BUSINESS OR INDUSTRY: Contracting

11. BIRTHPLACE (State or foreign country): Balto.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Whiten

14. MOTHER'S MAIDEN NAME: Ella Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes. (If Yes, give war or dates of service) 1950

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Ella Whiten

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) ..... DUE TO shot Himself left side of head (Suicide)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH 5 min.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None.

19a. DATE OF OPERATION: None.

19b. MAJOR FINDING OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home

21c. (City or town) Pikesville (County) Balto. (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Sept 21 '54. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Shot himself w a shot gun.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE W.D. Caples M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-21-'54.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 9.24.1954

NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery

LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR [illegible] Funeral Home

ADDRESS 1651 Druid Hill Ave.

MARYLAND 08287

08300

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bentley Springs
STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED (Type or Print): (First) LUCIUS (Middle) A. (Last) WIGGINTON

4. DATE OF DEATH: (Month) Sept. (Day) 1, (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Dec. 23, 1876

9. AGE last birthday: 77 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miller

10b. KIND OF BUSINESS OR INDUSTRY: self employed

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John J. Wigginton

14. MOTHER'S MAIDEN NAME: Martha Paige Shumate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Mrs. Edna M. Pittinger-Bentley Springs, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Myocardial Degeneration — Interval Between Onset and Death: 2 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chr. Hypertensive Cardio-Vascular Disease — 15 yr.

(c) Marked Senility — 5 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF INJURY offices bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10, 1952, to 9-1, 1954, that I last saw the deceased alive on 9-1, 1954, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Malcolm K. Gallagher M.D. Catonsville 6-28, Md. 9-2-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 9/4/54 | NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 9-2-54 | REGISTRAR'S SIGNATURE: Ina Rodriguez Deputy | 25. FUNERAL DIRECTOR: Wm. J. Pittner & Sons | ADDRESS: Balto. 17, Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08302

08288

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 519 PICCADILLY ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural give location) 519 PICCADILLY RD.

3. NAME OF DECEASED: (Type or Print) (First) EUGENIE (Middle) DUBOIS (Last) ZEUGSWETTER

4. DATE OF DEATH: (Month) SEPT. (Day) 11 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: DEC. 13, 1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VIENNA AUSTRIA

12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: CHARLES ZEUGSWETTER

14. MOTHER'S MAIDEN NAME: ANNA ZEUGSWETTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS. CHARLOTTE THILO ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 423.1 (a) Acute Obstruction Heart — Interval Between Onset And Death: 3 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Myo-Cardiac Encroachment — years
DUE TO (c) Hemoplegia — 4 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1925, to Sept 11, 1954, that I last saw the deceased alive on Sept 10, 1954, and that death occurred at Sept 11-54 9am from the causes and on the date stated above.

SIGNATURE Herbert M. Frosty (Degree or title) MD ADDRESS 2524 St. Paul St. DATE SIGNED Sept 11-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 9-13-54 NAME OF CEMETERY OR CREMATORY DRUID RIDGE LOCATION (City, town, or county) PIKESVILLE (State) MD

DATE REC'D BY LOCAL REGISTRAR 9-13-54 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR H.W. JENKINS & SONS CO. ADDRESS 4905 YORK RD

VS. A15